



CHILD CARE AND DEVELOPMENT FUND PLAN

FOR: Missouri

FFY 2010-2011

This Plan describes the CCDF program to be conducted by the State/Territory for the period 10/1/09 – 9/30/11. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

[Form ACF 118 Approved OMB Number: 0970-0114 expires 04/30/2012]

TABLE OF CONTENTS

AMENDMENTS LOG

PART 1 ADMINISTRATION

- 1.1 Lead Agency Information
- 1.2 State/Territory Child Care (CCDF) Contact Information
- 1.3 Estimated Funding
- 1.4 Estimated Administration Cost
- 1.5 Administration of the Program
- 1.6 Funds Used to Match CCDF
- 1.7 Improper Payments

PART 2 DEVELOPING THE CHILD CARE PROGRAM

- 2.1 Consultation and Coordination
- 2.2 Public Hearing Process
- 2.3 Public-Private Partnerships

PART 3 CHILD CARE SERVICES OFFERED

- 3.1 Description of Child Care Services
- 3.2 Payment Rates for the Provision of Child Care
- 3.3 Eligibility Criteria for Child Care
- 3.4 Priorities for Serving Children and Families
- 3.5 Sliding Fee Scale for Child Care Services

PART 4 PARENTAL RIGHTS AND RESPONSIBILITIES

- 4.1 Application Process / Parental Choice
- 4.2 Records of Parental Complaints
- 4.3 Unlimited Access to Children in Child Care Settings
- 4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

PART 5 ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

- 5.1 Quality Targeted Funds and Set-Asides
- 5.2 Early Learning Guidelines and Professional Development Plans

PART 6 HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(50 States & District of Columbia only)

- 6.1 Health and Safety Requirements for Center-Based Providers
- 6.2 Health and Safety Requirements for Group Home Child Care Providers
- 6.3 Health and Safety Requirements for Family Child Care Providers
- 6.4 Health and Safety Requirements for In-Home Child Care Providers
- 6.5 Exemptions to Health and Safety Requirements
- 6.6 Enforcement of Health and Safety Requirements
- 6.7 Exemptions from Immunization Requirements

PART 7 HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

- 7.1 Health and Safety Requirements for Center-Based Providers in the Territories
- 7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories
- 7.3 Health and Safety Requirements for Family Child Care Providers in the Territories
- 7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories
- 7.5 Exemptions to Territorial Health and Safety Requirements
- 7.6 Enforcement of Territorial Health and Safety Requirements
- 7.7 Exemptions from Territorial Immunization Requirements

APPENDIX 1 -- PROGRAM ASSURANCES AND CERTIFICATIONS

APPENDIX 2 -- ELIGIBILITY AND PRIORITY TERMINOLOGY

APPENDIX 3 -- ADDITIONAL CERTIFICATIONS

REQUIRED ATTACHMENTS

- Attachment 2.1.1
- Attachment 2.1.2
- Attachment 2.1.3
- Attachment 2.2
- Attachment 3.1.1
- Attachment 3.1.1(1)
- Attachment 3.1.1(2)
- Attachment 3.1.1(3)
- Attachment 3.1.1(4)
- Attachment 3.1.1(5)
- Attachment 3.1.1(6)
- Attachment 3.1.1(7)
- Attachment 3.1.1(8)
- Attachment 3.2.1
- Attachment 3.2.3(1)
- Attachment 3.2.3(2)
- Attachment 3.2.3(3)
- Attachment 3.2.5
- Attachment 3.3.2
- Attachment 3.5.1
- Attachment 4.1.1
- Attachment 5.2.1
- Attachment 5.2.3(1)
- Attachment 5.2.3(2)
- Attachment 5.2.5

AMENDMENTS LOG

CHILD CARE AND DEVELOPMENT FUND PLAN FOR: MISSOURI
FOR THE PERIOD: 10/1/09 – 9/30/11

Lead Agencies must submit plan amendments within 60 days of the effective date of an amendment (§98.18 (b)).

Instructions for Amendments:

- 1) Lead Agency completes the first 3 columns of the Amendment Log and sends a photocopy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

| SECTION AMENDED | EFFECTIVE/ PROPOSED EFFECTIVE DATE | DATE SUBMITTED TO ACF | DATE APPROVED BY ACF |
|-----------------|---|-----------------------------|-------------------------|
| Section 1.5.2 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Section 1.5.3 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Section 1.7 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Section 2.1.1 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Section 3.3.2 | March 8, 2010 | January 12, 2010 | March 1, 2010 |
| Section 3.3.5 | March 8, 2010 | January 12, 2010 | March 1, 2010 |
| Section 3.5.1 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Section 5.1.1 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Section 5.1.2 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Section 5.1.5 | December 1, 2009 | January 12, 2010 | March 1, 2010 |

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

| | | | |
|------------------|------------------|------------------|---------------|
| Section 5.1.6 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Appendix 2 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Attachment 3.2.5 | December 1, 2009 | January 12, 2010 | March 1, 2010 |
| Attachment 3.5.1 | December 1, 2009 | January 12, 2010 | March 1, 2010 |

PART 1

ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State/Territory Chief Executive Officer)

Name of Lead Agency: Department of Social Services
Address of Lead Agency: P.O. Box 1527, Jefferson City, Mo 65102-1527
Name and Title of the Lead Agency's Chief Executive Officer: Ronald J. Levy, Director
Phone Number: (573)751-4815
Fax Number: (573)751-3203
E-Mail Address: Ronald.J.Levy@dss.mo.gov
Web Address for Lead Agency (if any): www.dss.mo.gov

1.2 State/Territory Child Care (CCDF) Contact Information (day-to-day contact)

Name of the State/Territory Child Care Contact (CCDF): Becky L. Houf
Title of State/Territory Child Care Contact: Acting Deputy Director, Children's Division
Address: P.O. Box 88, Jefferson City, MO 65103-0088
Phone Number: (573)751-6793
Fax Number: (573)526-9586
E-Mail Address: Becky.L.Houf@dss.mo.gov
Phone Number for CCDF program information (for the public) (if any): (573) 522-1385
Web Address for CCDF program information (for the public) (if any):
http://www.dss.mo.gov/pr_cs.htm

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2009 through September 30, 2010. (§98.13(a))

CCDF: \$97,096,344
Federal TANF Transfer to CCDF: \$22,785,613
Direct Federal TANF Spending on Child Care: \$ 00
State CCDF Maintenance of Effort Funds: \$16,548,755
State Matching Funds: \$18,679,177
Total Funds Available: \$155,109,889

1.4 **Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$3.7 million (2.75 %). (658E(c) (3), §§98.13(a), 98.52)

1.5 **Administration of the Program**

1.5.1 Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Targeted Funds and Set-Aside?

- ☐ Yes.
- ☒ No. If no, use **Table 1.5.1** below to **identify** the name and type of agency that delivers services and activities. If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.

Table 1.5.1: Administration of the Program

| Service/Activity | Agency | Non-Government Entity (see Guidance for definition) |
|------------------------------------|--|---|
| Determines individual eligibility: | | |
| a) TANF families | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Non-TANF families | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Assists parents in locating care | Missouri Child Care Resource and Referral Network (MOCCRRN) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Makes the provider payment | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Quality activities | Departments of Elementary and Secondary Education (DESE) and Health and Senior Services (DHSS) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Service/Activity | Agency | Non-Government Entity (see Guidance for definition) |
|------------------|--|---|
| Other: | Educare-A training and technical assistance resource OPEN-The state's professional development system | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

1.5.2. Describe how the Lead Agency maintains overall internal control for ensuring that the CCDF program is administered according to the rules established for the program (§98.11).

DSS reserves the right to use funding, in addition to the quality funding contracted to DHSS and DESE, for such projects or pilots that support the activities of the state's child care programs in the course of implementing family self sufficiency and to enhance the quality of child care for Missouri's families. Examples of programs currently supported are ongoing grants to the Missouri Child Care Resource and Referral Network, Educare, and our state professional development system OPEN (Opportunities in a Professional Educational Network).

The Department of Social Services monitors the terms of the agreements with DHSS and DESE. The monitoring activities entail, at a minimum, an annual accounting of activities as defined in the respective Memoranda of Understanding with each department. Additionally, outcomes and benchmarks are measured, on an annual basis, as they relate to each department's state strategic plan.

The Departments of Health and Senior Services and Elementary and Secondary Education will monitor the individual grants awarded from the quality funding each department receives from DSS. Appeals, hearings and/or complaints will be handled at the DESE and DHSS level with the final appeal process to be the responsibility of DSS.

American Recovery Reinvestment Act (ARRA)

The Department of Social Services, as the lead agency for CCDF, will ensure control of reporting requirements defined by OMB and Department of Health and Human Services.

All other funds are administered directly by the Department of Social Services. These funds are monitored to ensure compliance with CCDF program rules.

1.5.3. Describe how the Lead Agency ensures adequate personnel, resources, systems, internal controls, and other components necessary for meeting CCDF reporting requirements (658K, §98.67, §§98.70 & 98.71, §§98.100 to 102), including the Lead

Agency's plans for addressing any reporting deficiencies, if applicable. At a minimum, the description should address efforts for the following reporting requirements:

All other funds are administered directly by the Department of Social Services are subject to the following:

a) Fiscal Reporting

The Children's Division, Early Childhood and Prevention Services Section monitors its contracts based on the funding amount. Contractors are required to provide regularly scheduled expenditure reports and fiscal monitoring is conducted to ensure program compliance.

ARRA Reporting

Reporting of ARRA funds will comply with ACF-696 requirements.

b) Data Reporting

The monthly management reports are reviewed to track number of children and families being served and the dollar amount being spent each month. This data is compared with the previous years expenditures, along with the previous month to identify trends and changes in data reporting.

ARRA Reporting

Reporting of ARRA data shall comply with Section 1512 of the ARRA.

C) Error Rate Reporting

Missouri is working to develop an error rate reporting process. This is an area that has been identified for improvement. Missouri is preparing for its initial improper payment review. Missouri has drafted its sample and field work preparation guide for the review process.

1.6 Funds Used to Match CCDF

1.6.1 Will the Lead Agency use public funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

☒ Yes, **describe** the activity and source of funds: State General Revenue

☐ No.

1.6.2 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

☐ Yes. If yes, are those funds: (**check one below**)

☐ Donated directly to the State?

☐ Donated to a separate entity or entities designated to receive private donated funds?

a) How many entities are designated to receive private donated funds?

b) **Provide** information below for each entity:

Name: _____

Address: _____

Contact: _____

Type: _____

☒ No.

1.6.3 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

☐ Yes (**respond to 1.6.5**), and:

a) ☐ The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

b) (____ %) Estimated percentage of the MOE requirement that will be met with Pre-K expenditures. (Not to exceed 20%.)

c) If the Lead Agency uses Pre-K expenditures to meet more than 10% of the MOE requirement, **describe** how the Lead Agency will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.6.4 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirements? (§98.53(h))

☐ Yes (**respond to 1.6.5**), and

a) (____ %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

b) If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, **describe** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.6.5 If the Lead Agency indicated “yes” to 1.6.3 or 1.6.4, **describe** Lead Agency efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

1.6.6 Will the Lead Agency use any other funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

☐ Yes, **describe** the activity and source of funds:

☒ No.

1.7 Improper Payments

Has your State implemented any strategies to prevent, measure, identify, reduce, and collect improper payments? (§98.60(i), §98.65, §98.67)

☒ Yes, and these strategies are:
DSS has implemented system edits to the automated child care eligibility and payment systems for Children's Division and Family Support Division staff. These edits allows the system to identify and block any child authorization that exceeds the allowed number of unrelated children to a license exempt family home provider.

The automated eligibility system limits the number of full time/daytime units of care authorized for a child over the age of seven, which prevents a provider from claiming a full month's reimbursement for children attending school.

DSS works closely with both the child care licensing agency and the Child and Adult Care Food Program to identify and investigate potentially fraudulent situations. DSS has a Child Care Provider Relations Unit (CCPRU) which randomly reviews subsidized child care providers each month. In addition to random reviews, child care providers may be referred for a CCPRU review to ensure contract compliance. The review process includes a review of invoicing

and attendance recording practices. Results and recommendations from these reviews are provided to the child care subsidy administrator for corrective action.

Identification procedures include the following:

- Review the billing practices of facilities receiving payments of \$25,000 or more per month;
- Conduct random billing reviews by CCPRU of any participating provider in the subsidy program; and
- Random license capacity checks of licensed facilities.

Collection of improper payments: Primary method of collection is by recoupment, which is handled by our integrated system to ensure proper collection and reporting of income at the end of the tax year. If the provider no longer receives reimbursement from the state, direct payments are accepted by DSS.

Fraud: The Department of Social Services, Division of Legal Services/Welfare Investigation Unit investigates referrals from staff to determine when CCDF funds were fraudulently received and processes these actions through internal policies, which sometimes results in referrals for legal litigation.

☐ No. If no, are there plans underway to determine and implement such strategies?

☐ Yes, and these planned strategies are: _____

☐ No.

PART 2

DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

Indicate the entities with which the Lead Agency has a) **consulted** and b) **coordinated** (as defined below), by checking the appropriate box(es) in Table 2.1.1.

Consultation involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. **At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).**

Coordination involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). **At a minimum, Lead Agencies must coordinate with** (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

Table 2.1.1 Consultation and Coordination

| Agency | a) Consultation in Development of the Plan | b) Coordination with Service Delivery |
|---|---|--|
| Representatives of local government | <input checked="" type="checkbox"/> * | <input type="checkbox"/> |
| Other Federal, State, local, Tribal (if applicable), and/or private agencies providing child care and early childhood development services. | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
| Public health | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
| Employment services / workforce development | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
| Public education | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
| TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

| Agency | a) Consultation in Development of the Plan | b) Coordination with Service Delivery |
|---|---|--|
| Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State | <input type="checkbox"/> | <input type="checkbox"/> * |
| State/Tribal agency (agencies) responsible for: | | |
| State pre-kindergarten programs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Head Start programs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Programs that promote inclusion for children with special needs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (See guidance): | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*** Required.**

For each box checked in Table 2.1.1, (a) identify the agency(ies) providing the service and **(b) describe** the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

PROGRAM CONSULTATION:

Program consultation is accomplished through the Department of Social Services Child Care Advisory Committee (DSS/CCAC). The DSS/CCAC consists of representation from state and local government/non-government entities having interest in child care issues (a member roster is included as Attachment 2.1.1). The purpose of the DSS/CCAC is to inform the lead agency on critical issues relating to the administration of the child care assistance program.

In addition to the DSS/CCAC, there are several existing venues in the state that address child care issues, either exclusively or as part of a large mission for Missouri's children. As part of program development and improvement, Department of Social Services seeks guidance from these groups in their existing context as well as engaging specific member representation when specific issues are to be addressed. Key groups include:

1. The Children's Services Commission;
2. The Early Childhood Interagency Team;
3. The Head Start State Collaboration Board;
4. The Missouri Head Start Association Advisory Council;
5. The State Opportunities for Professional Education Network (OPEN) Executive Committee;

6. The Missouri Accreditation Board;
7. The Metropolitan Council on Early Learning/Bi-State QRS Steering Committee;
8. The Missouri Quality Rating System Steering Committee;
9. The Early Childhood Comprehensive Steering Committee;
10. The Coordinating Board for Early Childhood;
11. The Strengthening Families Leadership Team;
12. The Children's Comprehensive Mental Health System Advisory Board;
13. Various other ad hoc groups as needed.

The Early Childhood Comprehensive Steering Committee (ECCS) has created a strategic plan for use within Missouri's early childhood system. ECCS is working with local child care groups to implement the strategic plan at the local level.

The Coordinating Board for Early Childhood's function is to serve as gatekeeper for all early childhood activities in Missouri and to provide coordination between the respective Department who have administrative responsibilities for the care and education of Missouri's youngest children from birth to age five. The Board is staffed by appointment of the Governor.

The Early Childhood Interagency Team (ECIT) and the Head Start State Collaboration Advisory Council both provide guidance in the coordination of early childhood activities in the state. The ECIT has representation from each department with early childhood responsibilities; Departments of Social Services, Mental Health, Health and Senior Services, and Elementary and Secondary Education, Higher Education and Head Start. The purpose of the group is to share information and provide consultation in the ongoing policies and procedures as they relate to young children. Members of ECIT and the Head Start State Collaboration Advisory Council, in coordination with the Metropolitan Council on Early Learning and OPEN (Opportunities in a Professional Education Network) have been involved with the development and piloting of a quality rating system in Missouri that will establish levels of program competencies and assign a respective rating to participating child care program. The intent is to provide a system of quality that is easy to identify and will assist parent's in making informed child care decision.

ARRA CONSULTATION:

DSS held consultation meetings with the Department of Health and Senior Services and the Department of Elementary and Secondary Education. These meetings resulted in the submission of ARRA proposals from partner departments and other interested parties throughout the state. Proposals were reviewed and approved by a Governor appointed ARRA team comprised of representatives from each state department and the Governor's office.

PROGRAM COORDINATION:

Public Health:

The Department of Health and Senior Service and Department of Mental Health coordinate with DSS in identifying statewide indicators for school readiness and on many other joint ventures. The expected result are an agreed upon set of indicators for school readiness that include physical, social and emotional well-being as well as collaborative plan for improving the outcomes for Missouri Children as measured by the identified indicators.

DSS is also a key stakeholder in the Maternal and Child Family Health, Early Childhood Comprehensive System Steering Committee.

Employment Services:

DSS Coordinates with the Family Support Division and the Department of Economic Development in the development of policies and procedures that support families who transition from public assistance to employment-related activities. The expected result is a working environment between the agencies that will foster continued support for working families in Missouri.

Public Education:

DSS continues coordination with Department of Elementary and Secondary Education (DESE) to support the creation of a strong early childhood system. The expected result is a seamless system of early learning from birth to school entry as well as establishing school readiness indicators that align with DESE's K-12 standards.

TANF:

Both CCDF and TANF reside in the same department. CCDF coordinates with TANF through policy decisions that affect families accessing child care and TANF. The expected result is for families to become strong and self-sufficient and to have access to quality child care that supports the family's need to work as well as the child's development.

State Pre-K Programs:

DSS and DESE jointly administer the portion of gaming funds set aside in the Early Childhood Development Education and Care Fund with DSS focusing on the birth to three population and DESE focusing on the three to five populations. DSS continues coordination with Department of Elementary and Secondary Education through the Missouri Pre-School Project. The expected result is to have a seamless system of early learning from birth to school entry.

Head Start Programs:

DSS coordinates with Head Start programs in Missouri through the Missouri. Head Start State Collaboration Office, as well as the state-funded Early Head Start/Child Care Partnership

program. The expected result is maximizing resources to support the health, well being, and early education of low-income children and their families.

Programs the promote inclusion for children with disabilities

The Department of Mental Health, Health and Senior Services, and Elementary and Secondary Education and Social Services coordinate in identifying statewide indicators and supports for childhood well-being and early intervention for children with disabilities through the First Steps program. Inclusion coordinators are on staff at the seven Resource and Referral agencies to connect and provide services to families and child care providers caring for children with special needs. The expected results are a better understanding of issues around access and inclusion for children with special needs and increasing the capacity of child care programs to offer inclusive services.

Child Welfare:

The Children's Division, Early Childhood and Prevention Services Section continues its efforts to embed the philosophies of high quality early care and education into the practices of child well being and the prevention of child abuse/neglect. The Early Childhood and Prevention Services Section coordinates program activities with child welfare that address;

- appropriate child care for protective services children,
- background screening requirements for child care providers as well as foster care providers,
- payment processes for child care providers of protective services children, and most critically,
- child abuse/neglect prevention services.

The Strengthening Families Initiative is an approach for preventing and reducing child abuse and neglect using evidence based early childhood strategies. The Child abuse and neglect using evidence based early childhood strategies. The five protective factors identified by the initiative are now embedded in various programs, grants and other early childhood initiatives, as well as child welfare staff training. Through this initiative, a bridge will be created linking early childhood and child welfare practices that is expected to positively impact the reduction of child abuse and neglect incidents in the state. Information about this initiative may be found at <http://www.strengtheningfamilies.net/>.

2.1.2 Emergency Preparedness and Response Plan for Child Care and Early Childhood Programs. Lead Agencies are encouraged to develop an emergency preparedness and response plan for child care and other early childhood programs operating in the State/Territory. The plan should include provisions for continuity of services and child care assistance payments to families and providers in the event of an emergency or disaster. Indicate which of the following best describes the current status of your efforts in this area. **Check only ONE.**

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- ☒ **Developing.** A plan is being drafted. Include the plan as Attachment 2.1.2, if available.
- ☐ **Developed.** A plan has been written but has not yet been implemented. Include the plan as Attachment 2.1.2, if available.
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 2.1.2.
- ☐ **Other. Describe:**

a) **Describe** the progress made by the State/Territory in planning for an emergency or disaster event with regards to the operation of child care and early childhood education programs.

b) **Describe** provisions the Lead Agency has in place for the continuation of core child care functions during and after a disaster or emergency.

c) **Describe** efforts the Lead Agency has undertaken to provide resources and information to families and child care providers about ways to plan and prepare for an emergency or disaster situation.

d) **Describe** how the Lead Agency is coordinating with other State/Territory agencies, private, and/or non-profit charitable organizations to ensure that child care and early childhood programs are included in planning, response, and recovery efforts.

2.1.3 Plan for Early Childhood Program Coordination. Lead Agencies are encouraged to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of your efforts in this area. **Note: Check only ONE.**

- ☐ **Planning.** Are there steps under way to develop a plan?
- ☐ Yes, and **describe** the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ No.

- ☐ **Developing.** A plan is being drafted. Include the draft as **Attachment 2.1.3** if available.
- ☐ **Developed.** A plan has been written but has not yet been implemented. Include the plan as **Attachment 2.1.3** if available.
- ☒ **Implementing.** A plan has been written and is now in the process of being implemented. Include the plan as **Attachment 2.1.3**.
- ☐ **Other (describe):**

a) Describe the progress made by the State/Territory in planning for coordination across early childhood programs since the date of submission of the 2008-2009 State Plan.

Please refer to section 2.1.1.

The Coordinating Board for Early Childhood assists in providing unilateral coordination of all early childhood programs in the development and implementation of an Early Childhood Comprehensive System. The ECCS initiative has each of the Missouri Pre-K standard domains embedded into its strategic plan. In addition, the Quality Rating System in Missouri is built on the foundation of the Missouri Pre-K standards to assess when and how an early childhood program progresses through the different tiered levels of quality.

b) Indicate whether there is an entity that is, or will be, responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

Please refer to 2.1.1

The Coordinating Board for Early Childhood was statutorily established pursuant to 210.102 RSMo. This board is charged with the responsibility of integrating and making recommendations for streamlining Missouri's early childhood system. For additional information go to <http://www.moga.mo.gov/STATUTES/C200-299/2100000102.htm>.

The Early Childhood Interagency Team (ECIT) and the Head Start State Collaboration Board both provide guidance in the coordination of early childhood activities in the state including the coordination of the Missouri Pre-K standards. The ECIT has representation from each department with early childhood responsibilities; Departments of Social Services, Mental Health, Health and Senior Services, and Elementary and Secondary Education, Higher Education and Head Start.

c) Describe the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State/Territory's

early learning guidelines, plans for professional development, and outcomes for children.

Please refer to section 2 .1.1 and Attachment 2.1.3 .

Missouri was one of 17 states that participated in the School Readiness Indicator Initiative which is sponsored by the Kauffman, Packard and Ford Foundations. This initiative established a statewide set of measurements for school readiness that each of the state departments and Head Start agreed upon. Information from this initiative may be found at www.gettingready.org.

Each agency on the ECIT team agreed to be responsible for providing the Missouri Pre-K Standards, the teacher handbooks, and the parent handbooks to their respective training entities to distribute to any provider they come in contact with.

The overall anticipated results are an increase in school readiness and a reduction in child abuse and neglect.

d) Describe how the State/Territory's plan supports, or will support, continued coordination among the programs. Are changes anticipated in the plan?

The Coordinating Board for Early Childhood continues its work on reviewing Missouri's Early Childhood system and is collecting its recommendations to improve and enhance the current system. As those recommendations come forth, they will be incorporated to the state plan for professional development and coordination as appropriate. In 2008, the Coordinating Board for Early Childhood initiated two projects. The first project was an analysis of the Missouri's professional Development system. The second project involved convening the Missouri Panel for School Readiness. For additional information on the Coordinating Board for Early Childhood go to <http://dss.mo.gov/cbec/>.

A State-level Memorandum of Understanding has been developed with the purpose of facilitating an alliance between the Missouri Department of Elementary and Secondary Education, the Missouri Department of Social Services, the Region VII Office of Head Start, in cooperation with the Missouri Head Start Association and the Missouri Head Start-State Collaboration Office and to facilitate the collaborative efforts of local agencies implementing collaborative services supporting all children, including children with disabilities. This MOU addresses issues related to children with disabilities and their families; however the parties of the agreement are committed to promoting integration of all early childhood programs through enhancing awareness of and coordination with programs and resources that address needs of all young children in Missouri. The parties of this agreement encourage counterparts at the local level, to participate in a similar process utilizing this statewide model in the development of a local MOU.

A stakeholder group has begun the development of Early Learning Standards for children ages birth to three in April, 2009. This group is being lead in partnership with the

Department of Elementary and Secondary Education and the Department of Social Services. This is being facilitated by a policy writer from the Zero to Three, National Infant and Toddler Child Care Initiative.

2.2 Public Hearing Process

Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

- a) Date(s) of notice of public hearing: April 30, 2009.
- b) Manner of notifying the public about the public hearing:
Notice was mailed to all child care providers who participate in child care subsidy via paper invoices and on the message board for those who submit attendance through the Child Care On Line Invoicing System. Notice of Public Notice of public hearing was posted on the DSS internet home page on April 30, 2009. Additionally, the public hearing information was made available to community partnerships and stakeholders.
- c) Date(s) of public hearing(s): May 20 and 27 via teleconference.
- d) Hearing site(s): Independence, St. Joseph, St. Charles, St. Louis, Portageville, Jackson, Columbia, Kirksville, West Plains, Rolla, Nixa, Poplar Bluff, Nevada and Jefferson City.
- e) How the content of the plan was made available to the public in advance of the public hearing(s): A draft copy of the proposed plan is published on the DSS internet home page at <http://www.dss.mo.gov/cd/childcare/ccdplan.htm>. Paper copies are made available upon request. A brief summary of the public comment process is attached as **Attachment 2.2**.

2.3 Public-Private Partnerships

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

- ☒ Yes. If yes, **describe** these activities or planned activities, including the results or expected results.

The Department of Social Services continues to be involved in projects that develop and strengthen public-private partnerships around early childhood issues, including meeting child care needs, improving early learning experiences, and strengthening family relationships.

- The Early Childhood Coordinating Board focuses on the advancement of an early childhood system in the state. One of the expected results of this board is to increase awareness and

leverage public and private support for early childhood efforts. The Board has a statutory charge to create a statewide system of care for children.

- The state continues to partner with TEACH to bring educational opportunities to child care professionals. TEACH is offered in limited areas in the state with at least one location operating the program as a public-private partnership through matched funding by local private businesses.
- There are twenty-one Caring Community Partnerships throughout the state whose purpose is to improve outcomes for children and families. These entities create collaborations locally and partner with the state to maximize resources and achieve specified results. The partnerships are publicly funded through the Department of Social Services and have a strong focus on early childhood activities. One expected result is to have community ownership and involvement in early childhood issues.
- The Missouri Child Care Resource and Referral Network promotes business involvement by providing technical assistance to the business community on developing and/or supporting child care programs for employees. The intent is to encourage business involvement to assist in increasing the capacity for child care that supports families working.

☐ No.

PART 3 CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System. **Describe** the overall child care certificate process, including, at a minimum:

- a) a description of the form(s) of the certificate (§98.16(k)):
- b) a description of how the certificate permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))
- c) if the Lead Agency is also providing child care services through grants and contracts, **estimate** the proportion of §98.50 services available through certificates versus grants/contracts (this may be expressed in terms of dollars, number of slots, or percentages of services), and **explain** how the Lead Agency ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b)).

At the time eligibility for services is approved, the eligible family receives a pre-printed voucher/authorization letter listing the parent and child names, and the authorization dates.

Attachment 3.1.1(1) is an example of a system generated approval letter to an eligible parent that state:

- The child care assistance eligibility begin and end dates;
- administrative hearing rights;
- local legal services agency name, address, and telephone number; and,
- family income considered in the eligibility determination;
- the agency caseworker's name and telephone number.

If the parent has selected a child care provider prior to the eligibility determination and indicated the name of the provider on their application for subsidy, the parent's system generated notice contains:

- parent and child names;
- child eligibility begin and end dates;
- name of selected provider;
- sliding fee rates per child;
- special needs indicator;
- level of care for the child;
- administrative hearing rights;
- reporting requirements; and,

- agency caseworker's name and telephone number.
- See Attachment 3.1.1(2)

In addition to the system generated notification of eligibility to the family, a notice of eligibility is also mailed to the selected provider. This notice contains the child's name, eligibility begin and end dates, level of care for child, sliding fee per child, and, subsidy agency caseworker/telephone number.

The parent may take their authorization letter to their provider of choice along with the Provider Registration documents. If the selected provider is not currently licensed or registered, the parent presents the Provider Registration documents to the provider for completion. These must be returned to the lead agency prior to payment to a provider on behalf of an eligible family.

The Provider Registration documents are:

- Child Care Provider Registration Application and Agreement, Attachment 3.1.1(3);
 - Tips on Health and Safety for the Child Care Provider, Attachment 3.1.1(4);
 - Health and Safety Certification Form, Attachment 3.1.1(5);
 - Child Care Invoicing & Payment Information, Attachment 3.1.1(6); and,
 - Background Screening Form, Attachment 3.1.1(7).
- d) **Attach** a copy of your eligibility worker's manual, policy handbook, administrative rules or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**.

Note: If these materials are available on the web, the Lead Agency may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

The Child Care Manual may be accessed via the Department of Social Services home web site at <http://www.dss.mo.gov/fsd/iman/chldcare/cctoc.html>.

3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

- ☐ Yes, and **describe** the type(s) of child care services available through the grant or contract, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))
- ☒ No.

3.1.3 Are child care services provided through certificates, grants and/or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

- ☒ Yes.
- ☐ No, and **identify** the localities (political subdivisions) and services that are not offered:

3.1.4 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

- ☐ Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):
- ☒ No.

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

3.2.1 Provide a copy of your payment rates as **Attachment 3.2.1**. The attached payment rates were or will be effective as of :

These rates are provided as **Attachment 3.2.1**.

The attached payment rates were or will be effective as of July 1, 2008.

.

3.2.2 Are the attached payment rates provided in Attachment 3.2.1 used in all parts of the State/Territory?

- ☒ Yes.
- ☐ No, and other payment rates and their effective date(s) are provided as **Attachment 3.2.2**.

3.2.3 Provide a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to

children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- a) The month and year when the local market rate survey(s) was completed (§98.43(b)(2)): September 2008.
- b) A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachment 3.2.3**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

The Market Rate Survey results may also be found at
http://www.dss.mo.gov/pr_cs.htm.

3.2.4 Does the Lead Agency use its **current** Market Rate Survey (a survey completed no earlier than 10/1/07) to set payment rates?

☒ Yes.

☐ No.

3.2.5 At what percentile of the **current** Market Rate Survey is the State payment rate ceiling set?

Note: If you do not use your current Market Rate Survey to set your rate ceilings or your percentile(s) varies across categories of care (e.g., type of setting, region, or age of children), **describe** and provide the range of variation in relation to your current survey.

In July 2008, a rate increase was provided to licensed and inspected child care providers, including center, group and family home providers. This increase has adjusted the percentile at which rates are set in comparison to the current market. (See Attachment 3.2.5) In order to be responsive to the child care market, rates are set based on the age of the child, hours of care, facility type, and geographical area of the state.

The current payment rate ceiling is defined as the evening/weekend rate. For licensed centers that ceiling is at the 30th percentile for base rate and licensed family homes ceiling is at the 33rd percentile. Because of the very limited number of group homes in the state, establishing a percentile for group homes is not representative.

However, these percentiles reflect our base rates only. Missouri provides rate enhancements for providers meeting certain criteria.

- Licensed providers caring for 50% or more state subsidized children receive a 30% disproportionate share enhancement added to their base rate. For example, while the licensed child care center base rate ceiling stands at the 30th percentile at \$27.52 per day, with this 30% enhancement the rate would increase to \$35.78. The 75th percentile equates to \$40.00.
- Providers who become accredited receive a 20% enhancement to their base rate.
- Providers who provide evening and weekend care receive a 15% enhancement to their base rate.
- Special needs children's base rates are enhanced by 25%.

Rate enhancements are cumulative, so in effect, if eligible for the 30% disproportionate share enhancement and the 20% accreditation enhancement, a provider would receive a 50% enhancement to their base rate.

Approximately 22% of Missouri subsidized children are cared for in license exempt registered family home care (Family Friend and Neighbor care) meaning that they are cared for by providers caring for 4 or less unrelated children. These providers are not included in the biennial Market Rate Survey because the rate they agree to receive is the state's rate and does not reflect the market. Because family home providers, caring for four or less unrelated children, are considered legal care in Missouri, there is no method to capture rates of non subsidized providers in this category of care. Therefore, families have access to any 4 or less provider willing to accept the state rate and meet the child care registration requirements. See Attachments 3.1.1(3- 8).

3.2.6 Describe the relationship between the attached payment rates and the market rates observed in the current survey, including at a minimum how payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey: (\$98.43(b))

Because Missouri is committed to providing benefits to all eligible children, current base rates are set at a level to ensure all eligible families may access benefits without implementing a waiting list. The current rates appear to be allowing access to care for the greatest number of eligible families possible. Access to care is supported by rate incentives offered to providers meeting certain requirements. Providers who receive at least one of the rate enhancements make up 56% of the total subsidized providers in the state and 51% of the total number of subsidized children. This means that there is an increased number of providers whose actual reimbursed rate is at a percentile higher than the base rate percentile reflected in the Market Rate Survey.

3.2.7 Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

☒ Yes. If, yes, **describe**.

DSS implemented several enhancements to the state's base rate of subsidy reimbursement.

A rate increase for infant and toddler care was implemented in October 1998. A 15% increase in base reimbursement was implemented in October of 1998 to providers who serve families during non-traditional hours. The intent of this rate differential was to enhance access to care for families who have non-traditional work hours.

Additional incentives to encourage a wide range of provider choice and equal access include:

- Licensed providers with an enrollment consistently showing 50% subsidy eligible children receive a rate enhancement. The enhancement is 30% above the providers' base rate or the state's maximum reimbursement, whichever is lowest.
- Providers accredited by a recognized accrediting organization receive an increase of 20% above the providers' base rate or the state maximum reimbursement rate, whichever is lowest.
- Providers caring for special needs children as documented by a professional in the medical, mental health, academic, or social service field receive 25% above the providers' base rate or the state maximum reimbursement rate, whichever is lowest. Children receiving child care subsidy through the Child Welfare system are eligible for the 25% special needs rate enhancement.

Access to child care for subsidy eligible families has increased due to the implementation of these rate enhancements.

☐ No.

3.2.8 Does the State have any type of tiered reimbursement or differential rates?

☒ Yes. If yes, **describe**:

Providers accredited by a recognized accrediting organization receive an increase of 20% above the providers' base rate or the state maximum reimbursement rate, whichever is lowest.

☐ No.

3.2.9 Describe how the Lead Agency ensures that payment rates do not exceed the amount paid by the general public for the same service. (§98.43(a))

The state conducts a Market Rate Survey every two years to assess the states child care rates trends. The Lead Agency reviews this data and compares it the current rates being paid contracted and registered providers.

3.3 Eligibility Criteria for Child Care

3.3.1 Age Eligibility

a) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☒ Yes. If yes, **define** physical and mental incapacity in Appendix 2, and **provide** up to the age 19.

☐ No.

b) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☒ Yes, up to the age 19.

☐ No.

3.3.2 Income Eligibility

Complete columns (a) and (b) in Table 3.3.2 below based upon initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Table 3.3.2 Income Eligibility

| Family Size | (a) 100% of State Median Income (SMI) (\$/month) | (b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85] | IF APPLICABLE | |
|-------------|---|--|------------------------------------|---|
| | | | Income Level if lower than 85% SMI | |
| | | | (c) \$/month | (d) % of SMI [Divide (d) by (a), multiply by 100] |
| 1 | \$2901 | \$2466 | \$1212 | 42% |
| 2 | \$3793 | \$3224 | \$1584 | 42% |
| 3 | \$4686 | \$3983 | \$1960 | 42% |
| 4 | \$5578 | \$4741 | \$2333 | 42% |
| 5 | \$6471 | \$5500 | \$2704 | 42% |

Note: Table 3.3.2 should reflect maximum eligibility upon initial entry into the CCDF program.

a) Does the Lead Agency have “tiered eligibility” (i.e., a separate income limit for remaining eligible for the CCDF program)?

☒ Yes. If yes, **provide** the requested information from Table 3.3.2 and **describe**. **Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels in the above table.

Effective July 1, 2008, Missouri implemented a Transitional Child Care (TCC) program. Active child care households whose income increases causing them to exceed the current 127% maximum child care income eligibility limit, may continue to receive child care benefits at 75% of the full subsidy amount until their income reaches 139% of the Federal Poverty Level (FPL). All other eligibility criteria remain the same.

ARRA Funding

Through ARRA funding income eligibility for traditional child care assistance will be increased to ensure eligibility at 127% of the FPL. Additionally, Missouri will utilize ARRA funding to increase income eligibility for households participating in the Transitional Child Care program to ensure eligibility up to 139% of the FPL.

☐ No.

b) If the Lead Agency does not use the SMI from the most current year, **indicate** the year used: _____

c) These eligibility limits in column (c) became or will become effective on:
July 1, 2008.

d) How does the Lead Agency define “income” for the purposes of eligibility?
Provide the Lead Agencies definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

Income is defined in the Child Care Manual: 1210.025.05.05 COMPUTING MONTHLY GROSS INCOME as: "the average monthly amount of total income received by all members of the family unit before deductions. This total gross income amount should include income from all sources including, but not limited to: wages, adjusted gross income from self-employment, adjusted gross income from farm income, social security, dividends, interest, etc."

<http://www.dss.mo.gov/fsd/iman/chldcare/cctoc.html>.

e) Is any income deducted or excluded from total family income (e.g., work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

☒ Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

Deductions from monthly income are described in the Child Care Manual: Section 1210.025.15 DEDUCTIONS FROM GROSS INCOME, Allow the following deductions from the household's monthly gross income:

Hospital/Physician insurance such as Blue Cross/Blue Shield,
Dental/Vision insurance,
Medicare Supplement policies,
Cancer insurance,
Nursing care, and,
Other health insurance policies not included above.

<http://www.dss.mo.gov/fsd/iman/chldcare/cctoc.html>

ARRA - \$30 plus 1/3 Income Disregard

ARRA funding will be utilized to allow an income deduction equal to \$30.00 plus 1/3 of earnings for specific households. In cooperation with the Division of Workforce Development, DSS has identified two groups of eligible participants; those participating in the Workforce Investment Act (WIA) Dislocated Worker program and the WIA Adult Worker program. These two groups will be subject to this income disregard for the duration

of their participation in these two WIA programs or September 30, 2011, which ever is later.

☐ No.

f) **Describe** whose income is excluded for purposes of eligibility determination.

Excluded family member income is described in the Child Care Manual: Section 1210.025.10.15 MONETARY GIFTS AND SPECIAL INCOME CIRCUMSTANCES: Income received in certain circumstances and non-recurring cash gifts are excluded when determining the household's financial eligibility for child care assistance.

1. Monetary gifts received for holidays, birthdays, and, graduations, which do not exceed the Temporary Assistance Percentage of Need Standard for the assistance group in a month, are excluded from consideration when budgeting income of the household.
2. Earnings of children attending school are excluded as income to the child care family.
3. Income received as a payee/guardian for a non-household member is excluded.
4. Income of adult children of the parent, specified relative, or guardian is excluded.

<http://www.dss.mo.gov/fsd/iman/chldcare/cctoc.html>

3.3.3 Work/Job Training or Educational Program Eligibility

a) How does the Lead Agency define “working” for the purposes of eligibility? **Describe** the specific activities that are considered “working” for purposes of eligibility determination, including minimum number of hours. (§§98.16(f)(6), 98.20(b))

Refer to Appendix 2

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

☒ Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? **Describe**, the

specific activities that are considered “job training and/or educational program”, including minimum number of hours.
(§§98.16(f)(3), 98.20(b))

Refer to Appendix 2

☐ No.

3.3.4 Eligibility Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services?
(§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☒ Yes. If yes, **provide** a definition of “protective services” in Appendix 2. Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☒ Yes.

☐ No.

☐ No.

b) Does the Lead Agency provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

☒ Yes. (**NOTE:** This means that for CCDF purposes the Lead Agency considers these children to be in protective services.)

☐ No.

3.3.5 Additional Conditions for Determining CCDF Eligibility

Has the Lead Agency established any additional eligibility conditions for determining CCDF eligibility? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)

ARRA – Up Front Job Search

Missouri will modify existing child care policies in order to support families who are engaged in up-front job search activities. Presently, Missouri only allows for

job search activities for Temporary Assistance (TANF) households. Federal ARRA funding will be used to expand Up Front Job Search to Non-Temporary Assistance Households (TANF). In addition, the number of weeks for job search will be increased from four (4) consecutive weeks to eight (8) consecutive weeks.

☐ No.

3.4 Priorities for Serving Children and Families

3.4.1 At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs, or in families with very low incomes. **Complete** Table 3.4.1 below regarding eligibility priority rules. For columns (a) through (c), **check** only one box if reply is “Yes”. Leave blank if “No”. **Complete** column (e) only if you check column (d).

Table 3.4.1 Priorities for Serving Children

| | How does the Lead Agency prioritize the eligibility categories in Column 1? | | | CHECK ONLY IF APPLICABLE | |
|--|---|--|---|--|------------------------------------|
| | CHECK ONLY ONE | | | | |
| Eligibility Categories | (a) Priority over other CCDF-eligible families | (b) Same priority as other CCDF-eligible families | (c) Guaranteed subsidy eligibility | (d) Is there a time limit on the priority or guarantee? | (e) How long is time limit? |
| Children with special needs* | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Children in families with very low incomes* | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Families <u>receiving</u> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Families transitioning from TANF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Families at risk of becoming dependent on | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | How does the Lead Agency prioritize the eligibility categories in Column 1? | | | CHECK ONLY IF APPLICABLE | |
|------------------------|---|--|---|---|-------------------------|
| | CHECK ONLY ONE | | | (d) | (e) |
| Eligibility Categories | (a) Priority over other CCDF-eligible families | (b) Same priority as other CCDF-eligible families | (c) Guaranteed subsidy eligibility | Is there a time limit on the priority or guarantee? | How long is time limit? |
| TANF | | | | | |

*** Required**

3.4.2 Describe how the Lead Agency prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

Children with special needs continue to rank high among our priorities. Payment is allowed for special needs children at their functional age instead of their chronological age. Providers who care for a special needs child may have their base rate of reimbursement enhanced by 25%. Example: A provider caring for a seven year old who functions at age one is paid at the higher infant rate and that rate would be enhanced by 25% above the base infant rate.

Families with very low income are required to pay a sliding fee of \$1.00 per year as their portion of the child care cost. Families with income slightly higher will pay a sliding fee based on their income and household size.

3.4.3 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

Missouri's child care program is based on income and need for care. All families whose income falls within the income guidelines will be served. TANF households may access services while participating in any approved work activity including education.

Effective July 1, 2008, Missouri implemented a Transitional Child Care (TCC) program. Active child care households whose income increases causing them to exceed the current 127% maximum child care income eligibility limit, may continue to receive child care benefits at 75% of the full subsidy amount until their income reaches 139% of the Federal Poverty Level (FPL). All other eligibility criteria remain the same.

3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- ☒ Yes, and the additional priority rules are: **(Terms must be listed and defined in Appendix 2)**
- ☐ No.

3.4.5 Does the Lead Agency serve all eligible families that apply?

- ☒ Yes.
- ☐ No.

3.4.6 Does the Lead Agency have a waiting list of eligible families that they are unable to serve?

- ☐ Yes. If yes, **describe**. At a minimum, the description should indicate:
- a) Whether the waiting list is maintained for all eligible families or for certain populations?
 - b) Whether the waiting list is maintained for the entire State/Territory or for individual localities?
 - c) What methods are employed to keep the list current?

- ☒ No.
- While Missouri currently does not have an active waiting list and is currently serving all eligible children, in the event of a waiting list implementation, the child care program's automated system is equipped to maintain the list at the state level. TANF recipients and teen parents are given priority for services. The program's automated system is equipped to keep the list current. Children are tracked based on families' continued eligibility and children's priority coding.

3.5 Sliding Fee Scale for Child Care Services

3.5.1 The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (co-payment) to the cost of child care (§98.42).

a) **Attach** the sliding fee scale as **Attachment 3.5.1**.

b) **Describe** how the sliding fee scale is administered, including how the family's contribution is determined and how the co-payment is assessed and collected:

A sliding fee chart is attached (3.5.1). The family's sliding fee is located on the chart based on the number of persons in the child care household, the family's countable income, and the level of care for each child.

A family consisting of a parent and two children, where the family income is at the maximum eligibility amount of \$1,960.00 per month, pays approximately 12% of their monthly income for child care when both children are in care on a full-time basis. Families with lower income will pay less than 12%.

c) The attached sliding fee scale was or will be effective as of December 1, 2009.

d) Does the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☐ Yes, and **describe** those additional factors:

☒ No.

3.5.2 Is the sliding fee scale provided as Attachment 3.5.1 used in all parts of the State? (658E(c)(3)(B))

☒ Yes.

☐ No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2**.

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$

The Lead Agency must **select ONE** of these options:

☐ ALL families with income at or below the poverty level for a family of the same size **ARE NOT** required to pay a fee.

☐ ALL families, including those with incomes at or below the poverty level for families of the same size, **ARE** required to pay a fee.

- ☒ SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. **Describe** these families:

Protective services children, families where a parent is incapacitated, and special needs children do not pay sliding fees.

3.5.4 Does the Lead Agency allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

☒ Yes.

☐ No.

3.5.5 Describe how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

Available child care is affordable when the cost of care does not exceed approximately ten percent of a family's gross income, less medical insurance premiums. This ten percent includes any sliding fee a family is required to pay. This ten percent does not include federal, state, or local child care subsidy.

PART 4 PARENTAL RIGHTS AND RESPONSIBILITIES

4.1 Application Process / Parental Choice

4.1.1 Describe the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §98.16(k), 98.30(a) through (e)). At minimum, describe:

- a) How parents are informed of the availability of child care services under CCDF (i.e., parental choice of child care services through a certificate or grant of contract)
- b) How parents can apply for CCDF services
- c) What documentation parents provide as part of their application to determine eligibility
- d) How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
- e) What steps the Lead Agency has taken to reduce barriers to initial and continuing eligibility for child care subsidies
- f) **Attach** a copy of your parent application for the child care subsidy program as **Attachment 4.1.1.**

Parents are informed of the availability of child care services and of available child care options via various state resources:

- Missouri Child Care Resource and Referral Agencies;
- Missouri Family Support Division;
- Missouri Department of Health and Senior Services, Section for Child Care Regulation;
- Local Community Action Agencies;
- Statewide consumer education campaign, and;
- Other human resource agencies throughout the state.

The Missouri Child Care Resource and Referral Network, composed of seven agencies, provides statewide coverage by maintaining a child care referral computer data base that uses a nationally recognized resource and referral software program. In addition, the Missouri Child Care Resource and Referral Network maintains a statewide toll-free telephone system that electronically links callers to the appropriate local resource and referral agency. A consumer information packet is provided for families who call for child care information. This packet contains information that assists families in choosing a high quality child care

facility including: a minimum of three referrals per family in order to maximize parental choice; information regarding child care licensure standards and accreditation; information regarding local health, social services, and educational services available to assist families and children; information on indicators of quality child care; local child care costs; child care options available regarding types of facilities, including center, group and family home providers, accredited facilities, and faith based facilities. Referral packets also include information on child care assistance programs; and information regarding inclusion of children with special needs. The informational packet is mailed to the caller within two working days of the contact.

Applications for child care assistance can be made through the Family Support Division either in person or through the mail upon the request of the applicant.

Eligibility is determined by the Department of Social Services, Family Support Division (FSD) for child care services. Families must provide documentation for the following eligibility factors:

- Relationship to the child/ren for whom services are requested;
- Residency;
- Social Security Number of all household members;
- Income; and,
- Need for child care services, i.e. employment, training, education.

The period of eligibility is twelve months following approval for services. The eligibility could change if there is a change in the customer's income during the eligibility period.

Parents who receive TANF benefits are informed about exceptions to individual penalties as part of the interview summary given to them at the time of application for TANF. The TANF application is an automated, interactive process and a written summary of the interview is given to each TANF applicant at the conclusion of the interactive application interview. This summary includes the notification of the Child Protection Clause as described in section 4.4 of this plan. The Child Care Assistance application itself is a simple one page form.

Parents who apply for Child Care Assistance may complete the application process through a variety of mechanisms in order to reduce/remove barriers to initial and continued eligibility. If an in person application can not be completed, a telephone interview may be arranged with the necessary verification for eligibility mailed or faxed to the Family Support Division office. Additionally, the re-application is automatically generated to the eligible household at the end of their yearly certification so parents may complete the application 60 days prior to their eligibility ending. There is a 15 day processing time limit for determining eligibility to insure parents have access to their benefits in a timely manner. The time frame is shorter than other public assistance programs because parents typically need child care immediately and providers need assurance of families' eligibility before accepting children into care.

The Transitional Child Care program supports those families that are moving towards self sufficiency, by allowing a continued access to child care, as they assume more of their child care cost. See 3.4.3.

4.1.2 Is the application process different for families receiving TANF?

☐ Yes, and **describe** how the process is different:

☒ No.

4.1.3 What is the length of eligibility period upon initial authorization of CCDF services?

a) Is the initial authorization for eligibility the same for all CCDF eligible families?

☒ Yes.

☐ No and **describe** any variations that relate to the services provided (e.g., through collaborations with Head Start or pre-kindergarten programs or differences for TANF families):

4.1.4 Describe how the Lead Agency ensures that parents are informed about their ability to choose from among family child care and group home child care, center-based care and in-home care, including faith-based providers in each of these categories.

The Missouri Child Care Resource and Referral Network maintains a statewide toll-free telephone system that electronically links callers to the appropriate local resource and referral agency. A consumer information packet is provided for families who call for child care information. This packet contains information that assists families in choosing a high quality child care facility including: a minimum of three referrals per family in order to maximize parental choice; information regarding child care licensure standards and accreditation; information regarding local health, social services, and educational services available to assist families and children; information on indicators of quality child care; local child care costs; child care options available regarding types of facilities, including center, group and family home providers, accredited facilities, and faith based facilities. Referral packets also include information on child care assistance programs; and information regarding inclusion of children with special needs. The informational packet is mailed to the caller within two working days of the contact.

4.1.5 Describe how the Lead Agency reaches out and provides services to eligible families with limited English proficiency, including how the Lead Agency overcomes language barriers with families and providers.

The Child Care Assistance application form is available in Spanish. When necessary, and at the request of the applicant, a translator may be made available to a child care applicant when they file an application for assistance at their FSD office.

4.2 Records of Parental Complaints

Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

The Department of Social Services allows for parental complaints to be recorded in the “comments section” of the registered child care provider system. This information is available to applicants upon request.

The Department of Health and Senior Services, Section for Child Care Regulation has regulatory staff, Child Care Facility Specialists, located in District Health Offices throughout the state. These staff members investigate all reports of alleged rule violations. This complaint investigation is mandated by Missouri Revised Statutes, Chapter 210.203, which states, “*Complaints against child care facilities, open records to be kept by department.—The department of health shall maintain a record of substantiated, signed parental complaints against child care facilities licensed pursuant to this chapter, and shall make such complaints and findings available to the public upon request.*” Substantiated complaints are maintained in each licensed and license-exempt child care facility record. These files are available for public review by appointment at any of the District Health Offices where Section for Child Care Regulation staff members are located. Information notifying parents and the public that the files are open for review is included on Section for Child Care Regulation brochures and the educational information provided by the Resource and Referral agencies. Detailed information regarding the complaint process is contained on the Department of Health and Senior Services web site: <http://www.dhss.mo.gov/ChildCare/>.

4.3 Unlimited Access to Children in Child Care Settings

Provide a detailed description of the Lead Agency procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

Registered child care providers for the Department of Social Services sign a self-certification statement that states the provider allows parents access to their children. This is also renewed annually at re-registration.

As mandated in Missouri Statutes for licensed child care providers “ **210.215. Access to child and care providers during normal hours – exception court orders restricting access.—Any parent or guardian of a child shall have access to the child care facility in which his child is enrolled and which is licensed pursuant to the provisions of sections 210.201 to 210.245 and shall have access to the providers of care in such facilities during normal hours of operation or when a child of such parent or guardian is in the care of such facility or provider, unless such parent or guardian is subject to a court order restricting access to the child.**” As authorized in this statute, licensing rules for family child care homes, group child care homes, and child care centers require that parents shall have access to the facility at any time during child care hours. Licensed providers are required to establish written policies pertaining to admission, care and discharge of the children and provide to the parent(s) at the time of enrollment. The information given to parents by the Resource and Referral agencies contains information regarding parental access.

4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: Missouri Department of Social Services, Family Support Division.

Appropriate child care in formal and informal settings includes:

- Child care that is consistently available;
- Child care that is available during the participant's hours of employment, education, training, and/or work activity;
- Child care that addresses the specialized needs of the child. For example, a child with a disability.

- Child care that is developmentally and age appropriate. This determination will be based on the information provided by the parent when demonstrating that the care available to them does not meet the developmental and/or age appropriate skills of their child;
- Child care by a full time, year round, primary provider who is at least eighteen (18) years of age.
- Child care by a provider who has undergone a Child Abuse and Neglect background screening and a Tuberculosis test;
- Child care is provided in a residence which has running water, electricity, a safe source of heat, meets any local housing code standards, and a working telephone is accessible to the provider either in the provider's residence or within reasonable proximity of the residence.

- "reasonable distance":

Reasonable Distance

A determination of whether child care is within a reasonable distance should include, but not be limited to, the following factors:

- 1) When the participant has no independent transportation, they can be expected to use public transportation if:
 - It is available at the appropriate time for the participant's schedule of work or work participation activity;
 - It is not cost prohibitive for the participant; and,
 - The time involved in getting to public transportation, child care, and then to work is reasonable in relation to the participant's actual hours of work or work participation activity.
- 2) If the participant has an independent means of transportation, the transportation must include the following:
 - The vehicle or other transportation is reliable;
 - The recipient is able to afford the transportation costs, including the costs involved in maintaining and ensuring the reliability of the transportation.

The commuting time from the individual's home to their child care provider and their work site (or work participation activity) is no more than an hour each way.

- "unsuitability of informal child care":

Families are not required to accept care with providers who are not licensed or registered. There are certain circumstances that may exist that will deem a child care provider as "inappropriate" or "unsuitable" to a parent.

Examples of such care are as follows:

- Child care provided by religious-exempt facilities when the parent states it infringes upon the family's beliefs.
- Child care provided by any caregiver when the parent states that their child is at risk of abuse or neglect.
- "affordable child care arrangements":

Available child care is affordable when the cost of care does not exceed ten percent (10%) of a family's gross income less medical insurance premiums. This ten percent (10%) includes any sliding fee a family is required to pay. This ten percent (10%) does not include federal, state, or local child care subsidy.

PART 5

ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

5.1 Quality Targeted Funds and Set-Asides

Federal appropriations law has targeted portions of the CCDF for quality improvement and for services for infants and toddlers, child care resource and referral (CCR&R) and school-age child care. For each targeted fund, provide the following information.

5.1.1 Infants and Toddlers:

Note: For the infant and toddler targeted funds, the Lead Agency must **provide** the maximum age of a child who may be served with such targeted funds (not to exceed 36 months).

- a) **Describe** the activities provided with these targeted funds

In October 1998 the Department of Social Services chose to use the entire earmark for infant and toddler care to increase the reimbursement rates for providers caring for infant/toddlers age zero to 2.

ARRA funding –

A portion of the ARRA funding is targeted to improve the quality of child care providers including infant and toddler caregivers.

- b) **Identify** the entities providing the activities

Department of Social Services

ARRA funding –

Through a Memorandum of Understanding (MOU), DSS will transfer funding to the Department of Health and Senior Services (DHSS).

- c) **Describe** the expected results of the activities.

Increasing infant/toddler rates contributes to creating an environment that fosters higher quality of care by lowering staff to child ratios.

ARRA funding –

Expected results of activities in section 5.1.6 .

5.1.2 Resource and Referral Services:

- a) **Describe** the activities provided with these targeted funds
Missouri Child Care Resource and Referral activities include:
- Providing information and consumer education to all families seeking child care. Child Care Resource and Referral agencies assist families of all income levels as they select the best child care for their child, their work location and schedules, and their family's needs.
 - Providing resources to child care providers in their service delivery areas, this includes start-up consultation; curriculum materials; onsite technical assistance; training and technical assistance on how to deal with children with special needs; and group training opportunities.
 - Tracking supply and demand data to assist in assessing community need to community planners and local employers interested in supporting child care initiatives.
 - Providing comprehensive coordination of training, educational, and professional development opportunities for child care providers. Training Coordinators are located in the seven local Resource and Referral agencies providing state wide coverage. The Child Care Resource and Referral Training Coordinators' duties include: coordinating regional meetings of all child care trainers/educators; developing and maintaining a regional child care training calendar that is available to all child care providers on the internet, paper copies are available to providers without access to the internet; and identify educational supports such as grants, scholarships, and professional recognition programs for child care providers.
 - Facilitating child care providers seeking accreditation through one of the recognized accreditation systems.
 - Providing extended resource and referral services in St. Louis and Kansas City. The staff provides counseling to TANF families requiring child care in order to transition into work activities. This staff also offers training to FSD staff regarding selection of quality child care for the most at risk children whose families are TANF recipients.
- b) **Identify** the entities providing the activities
The Missouri Department of Social Services (DSS), Children's Division (CD), Early Childhood and Prevention Services section provides resource and referral services through a contract with the Missouri Child Care Resource and Referral Network (MOCCRRN) that consists of seven agencies providing statewide coverage.
- c) **Describe** the expected results of the activities.

- Families are finding child care that meets their specific needs and are informed of resources within their communities along with given knowledge of how to look for quality in child care.
- Child Care providers are receiving training and technical assistance that is improving the quality of care given.

5.1.3 School-Age Child Care:

- a) **Describe** the activities provided with these targeted funds

These funds provide grants to public school districts to enhance before and after school programs, these grants encourage programs to become accredited and promote quality around developmental benchmarks for children in care. These funds also provide services to after school programs through an After School Resource Center. These services include providing training and technical assistance and other resources to the after school programs.

- b) **Identify** the entities providing the activities

The DSS provides these services through a Memorandum of Agreement with the Department of Elementary and Secondary Education.

- c) **Describe** the expected results of the activities.

It is expected that after school programs become more available throughout the state and are of higher quality to provide better results for the children in their care.

5.1.4 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including targeted funds) during the 1-year period: October 1, 2009 through September 30, 2010:

\$22,312,580 (16.7 %)

Gaming proceeds, which support the Early Childhood Development and Care (ECDEC) fund, are included in this plan's calculation for quality activities. Note: Excluding these funds, Missouri continues to exceed the 4% requirement by setting aside \$7,149,680 (5.4%) for quality activities.

5.1.5 Check each activity in Table 5.1.5 that the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the targeted funds for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h)). **CHECK ALL THAT APPLY.**

Table 5.1.5 Activities to Improve the Availability and Quality of Child Care

| Activity | Check if undertaking/ will undertake | Name and type of entity providing activity | Check if non-governmental entity |
|---|--------------------------------------|--|--|
| Comprehensive consumer education | <input checked="" type="checkbox"/> | MOCCRRN which is a 501C3 non-for-profit agency | <input checked="" type="checkbox"/> |
| Grants or loans to providers to assist in meeting State and local standards | <input checked="" type="checkbox"/> | Departments of Social Services and Elementary & Secondary Education, State Agencies. | <input type="checkbox"/> |
| Monitoring compliance with licensing and regulatory requirements | <input checked="" type="checkbox"/> | Department of Health & Senior Services, Section for Child Care Regulation, State Agency | <input type="checkbox"/> |
| Professional development, including training, education, and technical assistance | <input checked="" type="checkbox"/> | Educare programs, which are Caring Community Partnerships, Universities, and Public Schools; MOCCRRN which is a 501C3 non-for-profit agency; and the After School Resource Center which is within a University ARRA funding – DHSS, state agency. | <input checked="" type="checkbox"/> Some |
| Improving salaries and other compensation for child care providers | <input checked="" type="checkbox"/> | MOCCRRN, which is a 501C3 non-for-profit agency | <input checked="" type="checkbox"/> |
| Activities to support a Quality Rating System | <input checked="" type="checkbox"/> | University of Missouri, Center for Family Policy & Research, Opportunities in a Professional Education Network (OPEN) | <input type="checkbox"/> |

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

| Activity | Check if undertaking/ will undertake | Name and type of entity providing activity | Check if non-governmental entity |
|---|---|---|-------------------------------------|
| Activities in support of early language, literacy, pre-reading, and early math concepts development | <input checked="" type="checkbox"/> | Departments of Health & Senior Services, Section on Child Care Regulation; and Elementary and Secondary Education, state agencies | <input type="checkbox"/> |
| Activities to promote inclusive child care | <input checked="" type="checkbox"/> | MOCCRRN, which is a 501C3 non-for-profit agency | <input checked="" type="checkbox"/> |
| Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children | <input checked="" type="checkbox"/> | Department of Health & Senior Services, Section on Child Care Regulation, and Center for Local Public Health Services, State Agency | <input type="checkbox"/> |
| Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2)) | <input checked="" type="checkbox"/> | DSS, Children's Division; Department of Health & Senior Services; University of Missouri, OPEN; Department of Elementary and Secondary Education; and Department of Mental Health | <input type="checkbox"/> |

5.1.6 For each activity checked in Table 5.1.5, a) **describe** the expected results of the activity. b) If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

1. Comprehensive consumer education is provided by the Missouri Child Care Resource and Referral Network. Please refer to 5.1.2 for specific description of activities. The expected results include an improved understanding on the part of parents regarding the attributes of quality care, and better child care choices. Evaluation of this activity is conducted during on-site monitoring of each of the seven agencies providing this service across the state. This contract for services states that a consumer education information packet is provided to each family inquiring about child care, this information must include:
 - Information on indicators of quality child care;

- Range of child care cost;
- Child care options available (types of facilities, licensed, licensed-exempt, unlicensed, registered, accredited, etc.);
- Information regarding other family or child care-related issues;
- Information on child care assistance programs;
- Information regarding inclusion of children with special needs;
- Information regarding MO HealthNet, CHIP, and other health insurance programs;
- Information regarding the DSS child care subsidy program.

The MOCCRRN Agencies also mail surveys to the families that have contacted them. This information is used to find out the results of their child care search and for self-evaluation.

2. Enhancement grants are offered to public schools to support improved quality through Memorandum of Agreement with the Department of Elementary and Secondary Education (DESE). These grants are for the express purpose of promoting quality activities that will improve outcomes for children. These programs are currently evaluated by desk monitoring through reports provided by the DESE to the DSS, Children's Division. These reports include listings of programs receiving funds, along with the amounts and number of children they serve, an annual report on all sustained programs after grant funding is gone, in addition to a listing of all programs that obtain licensure by the end of the first program year.

ARRA funding –

ARRA funding will be utilized to provide Quality Improvement/Enhancement Grants to licensed child care providers for the improvement and/or sustainability of licensing standards. Licensed programs receiving this funding will be expected to serve low-income and Protective Services children.

3. Department of Health and Senior Services (DHSS) regulatory staff monitor and inspect licensed family child care homes, group child care homes, and child care centers for compliance with licensing rules, including sanitation regulations, three times per year. In addition, all complaint allegations are investigated, and an inspection for fire/safety is made annually. Child care facilities that are not required to be licensed, but are required to be inspected annually for fire/safety and health and sanitation, are those operated by religious organizations and nursery schools. The licensing rules for all facilities are in the process of being revised. All DHSS, Section for Child Care Regulation (SCCR) regulatory staff members receive training in regulatory inspection and enforcement. The expected results include safer, healthier environments for children. Evaluation of this service is done in-house within the Department of Health and Senior Services, with on-going communication to the State Child Care Administrator.

ARRA funding –

This funding will be utilized to upgrade Department of Health and Senior Services software used by Child Care Facility Specialists to document the results of facility inspections and to provide this information to parents via the internet.

4. The Department of Social Services provides direct consultation and home visitation through a program of educational opportunities to expand the quality of child care. The Educare program provides resources, technical assistance, and training opportunities at a free or reduced cost to child care providers, with an emphasis on family home providers. The program operates in approximately 63 counties. The expected results are:
 - Child Care providers with a strengthened ability to offer developmentally appropriate early care and education activities and programs;
 - Increased school-linked, integrated services to serve young children; focusing on the special needs of children from low income families;
 - Increased parental involvement and participation with their child's developmental process;

This program is evaluated by on-site monitoring of contracts in addition to desk monitoring utilizing reports that are required. These are things, along with input from the Educare providers and other Early Childhood Professionals, that are used to determine on-going changes and improvements.

Please refer to 5.1.2 and to 5.1.6, #1 for the description of MOCCRRN services.

ARRA funding –

Through an MOU with DHSS ARRA funding will support the following activities:

- Implement systematic processes of 1) Trainer and Training approval; 2) professional resources and guidelines for trainers; and 3) on-line clock-hour training and databases demonstrating the impact of training on provider practices and child outcomes.
 - Provide training and guidance to increase early childhood provider social emotional competencies.
 - Expand Child Care Health Consultation services.
5. The Missouri Child Care Resource and Referral Network holds the state license for T.E.A.C.H. Early Childhood® Missouri. Offered statewide, the scholarship has three levels available that differ in the degree sought and the amount of perks available. Brought to Missouri in 1999, the project is administered by the Missouri Child Care Resource and Referral Network. This program is evaluated by the MOCCRRN, their Board of Directors along with a T.E.A.C.H. Early Childhood® Missouri Advisory Committee. The expected results are an improvement in the quality of child care through increasing the educational level and compensation for Missouri's workforce.

ARRA funding-

This funding will provide T.E.A.C.H. Early Childhood® MISSOURI Scholarship Project Services to support early childhood providers pursuing college credit towards a Child Development Associate Credential or a two-year or four-year degree with an emphasis in early childhood education.

6. The expected results of Missouri's Quality Rating System (QRS) are to:
 - Improve the quality of early childhood and school-age/after-school programs for Missouri's young children and youth
 - Raise public understanding about high quality programs
 - Allow subsidy-receiving children access to higher quality programs by linking state child care subsidies to the various QRS levels (pending state approval)

The University of Missouri, Center for Family Policy and Research has conducted a pilot project and then a demonstration project based on QRS models as developed and adapted by the QRS State Committee. This committee consists of key stakeholders within Missouri. There has been ongoing evaluation of these projects and all adaptations of the models and the process have been data driven.

7. Department of Health and Senior Services (DHSS), Section on Child Care Regulation provides uniform training and technical assistance through Child Care Basic Orientation Training (CCOT) sessions and Providers Advance through Continuing Education (PACE) training sessions for new and existing child care providers. CCOT trains caregivers on developmental, physical, social and emotional stages of a child's development, health and safety, and identification of child abuse and neglect. CCOT is delivered by approved trainers throughout all areas of the state. Infant Toddler CCOT, School-Age CCOT, and Family CCOT are other modules of this training that are available for those specific practitioners. The DHSS is currently developing Social Emotional CCOT that is expected to be available beginning in late 2009. The PACE trains caregivers on Safety Issues, Developmentally Appropriate Practice and Preventing Child Abuse and Neglect and is also delivered by approved trainers throughout all areas of the state.

The Missouri Early Learning Standards as developed by a collaboration of public and private agencies with Department of Elementary and Secondary Education (DESE) as the lead agency are embedded into all areas of professional development for early care practitioners. The standards include the following domains:

- Early Literacy;
- Social and Emotional Development and Approaches to Learning;
- Mathematics;
- Science; and
- Physical Development; Health and Safety.

Evaluation of the trainings along with the standards will happen when the Quality Rating System becomes a statewide system, this will tell us how the providers are moving up in quality in these areas. In addition DESE has developed train the trainer modules to provide training on the implementation of the Missouri Early Learning Standards. It is anticipated that the first small cadre of trainers will be receive training in March 2010.

All conference planning is requiring identification as to which core competencies and early learning guidelines workshops will address. All training, supported by state agencies, also requires identification as to which core competencies and early learning guidelines are addressed.

8. The Missouri Child Care Resource and Referral Network supports child care services targeted to families of children with special needs by staffing Child Care Inclusion Coordinators, funded by the Department of Health and Senior Services (DHSS), Section for Child Care Regulation (SCCR), in each of their seven agencies. The key activities of the Child Care Inclusion Coordinators are to increase the number of regulated child care facilities that are able to care for children with special needs; provide technical assistance to child care providers pertaining to the care of children with special needs; assist families in finding and/or maintaining child care for children with special needs; and develop training initiatives to prepare child care providers in addressing the needs of children with special needs and their families. This program is evaluated by the DHSS, SCCR and by MOCCRRN during on-site monitoring visits. Providers caring for special needs children as documented by a professional in the medical, mental health, academic, or social service field receive 25% above the providers' base rate or the state maximum reimbursement rate, whichever is lowest. Expected results are that special needs children will have continuity of care as providers will have the resources and be better prepared and supported to care for them.
9. DHSS works with local health agencies to provide health and safety training and consultation. They also fund nurse consultants who provide free on-site training and technical assistance to child care providers. Department of Elementary and Secondary Education, in consultation with DSS and DHSS/SCCR along with many other agencies, have developed early learning standards that include physical development and health and safety and social/emotional development standards. Please refer to 5.2.1 for specific description of activities. The expected result is a greater understanding among child care providers and parents of what constitutes school readiness. Evaluation of the nurse consultants is done in-house within the DHSS, SCCR. Please see response to number 7 for the evaluation of the Early Learning Standards.
10. Missouri families have the full range of legal providers to choose from which includes family, friend and neighbor care as long as they are willing to register with the DSS/CD.

DSS, DHSS, Head Start, OPEN (Opportunities in Professional Education Network), Local Health Agencies and other state agencies, including Department of Elementary and Secondary Education and Department of Mental Health partner on quality initiatives. These include the professional development, trainer registry, and professional recognition directory, Quality Rating System, and a shared training calendar. These things are currently being evaluated by contract monitoring and constant communication between the agencies.

The Department of Health and Senior Services operates Missouri's Family Care Safety Registry as of January 2001 to protect children and their families by providing access to background information on registered child care providers to families seeking child care. This information is accessible by a toll-free access telephone number for parents and employers. The background screenings provide information on criminal records maintained by the Missouri State Highway Patrol, child abuse/neglect records maintained by the Department of Social Services, employee disqualification list maintained by the Division of Aging, child care facility licensing records maintained by the Department of Health and Senior Services, foster parent, residential care facility and child placing agency licensing records maintained by the Department of Social Services, and residential living facility and nursing home licensing records maintained by the Division of Aging. Evaluation of the Family Care Safety Registry is seen by the numbers of people who are turned away from becoming a child care provider.

The Early Learning Guidelines, Parent Guides are in the process of being translated into Spanish and Bosnian. The Literacy and Social and Emotional Parent Guides have been translated into Bosnian and the Literacy Parent Guide has been translated into Spanish.

In July of 2008, the reimbursement rate structure was revised to better represent the child care market in Missouri. As a result, geographic areas have been restructured into Metropolitan Core Counties, Metropolitan Non-Core Counties, Micropolitan Counties and Rest of State. In addition, there are two new Metropolitan area designation; Jasper/Newton Counties and Cole County. Rates for these areas were increased at all levels. In addition to the restructure, base rates were increased for all age groups i.e. Infant/Toddler, Preschool, and School Age in counties where the base rate was below the recommended rate, based on information supplied in the 2006 Market Rate Survey. While there is not a document of the rate structure in the state, there is a web based, interactive map of Missouri the public may access and choose the area of the state in which they are interested in viewing the rates of reimbursement. This map is available at <https://dssapp.dss.mo.gov/ccrate/> each rate table is available for printing.

Early Childhood Education and Care Fund

In addition to the above projects Missouri has the Early Childhood Education and Care Fund, which comes from a percentage of Gaming Funding, specifically riverboat entrance fees. DSS funds four project with these dollars. They are as follows:

- Early Head Start Child Care Partnership Program – This program is used to increase the quality and capacity of childcare for Missouri's birth to age three population. Early Head Start programs are encouraged to partner with a wide range of providers in the community including both public and private, as well as faith-based, family child care homes, group homes, and centers, to create a variety of quality settings from which parents may choose.
- Child Care Start-Up and Expansion Program - Competitive awards are made to start up a new childcare program or expand an existing program in order to increase the number of licensed childcare slots for infants and toddlers. Funding is awarded on the basis of the number of licensed slots being added. Awards are targeted to child care providers serving children receiving child care subsidy.
- Child Care Accreditation Facilitation Services - Local organizations utilize this funding to assist child care providers in achieving accreditation by a recognized accrediting organization. Once providers become accredited, they qualify for a 20% increase in their child care subsidy base rate of reimbursement.
- Stay at Home Parent Program – Local organizations provide services to at risk families with children under three years of age who have chosen to stay home. Services include home visits by parent educators, group training sessions targeted at various topics dealing with child development and creating healthy families, and networking opportunities for the families. Families are also provided with books for their child, an array of developmentally appropriate toys they can check out to use with their child, and incentive certificates that they may use to purchase toys, books, safety items, safe cribs, etc. for their child.

ARRA funding

Through an MOU with DHSS ARRA funding will support the following activities:

- Replace current educational materials such as handouts/posters that promote environmental health and safe and healthy sanitation practices.
- One time funding to purchase small equipment, supplies/furnishings to convert existing lunch room facilities to a family style meal service setting and to purchase services of a dietician to plan menus.
- Funds will be used to purchase equipment, training and infrastructure development to assist local public health staff to perform environmental assessments and suggest related improvements for child care facilities. Training will include the identification and management of childhood asthma and lead screenings.

5.2 Early Learning Guidelines and Professional Development Plans

5.2.1 Status of Voluntary Early Learning Guidelines. Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three-to-five year-olds.

NOTE: Check only one box that best describes the status of your State/Territory's three-to-five-year-old guidelines.

- ☐ **Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____. If possible, respond to questions 5.2.2 through 5.2.4.
- ☐ **Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____. If possible, respond to questions 5.2.2 through 5.2.4.
- ☐ **Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1, if available**.
- ☐ **Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1**.
- ☒ **Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1**.
- ☐ **Other. Describe:**

- a) **Describe** the progress made by the State/Territory in developing, implementing, or revising early learning guidelines for early learning since the date of submission of the 2008-2009 State Plan. Efforts to develop early learning guidelines for children birth to three or older than five may be described here.

Since submission of the 2006-2007 CCDF state plan, efforts to implement the Pre-K Standards have progressed. Implementation has included dissemination across the state with a purpose of embedding into existing professional development systems. The Department of Elementary and Secondary Education has developed train the trainer modules to provide training on the implementation of the Missouri Early Learning Standards. Training of a small cadre of trainers is anticipated in March 2010. DESE is currently in the process of revising the Literacy and Math domains of the Missouri Early Learning Standards.

A stakeholder group has begun the development of Early Learning Standards for children ages birth to three. This is being facilitated by a policy writer from the Zero to Three, National Infant and Toddler Child Care Initiative.

b) If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

☒ Yes. If yes, **identify standards:** K-12 Content Standards and Head Start Child Outcomes.

☐ No.

c) If developed, are the guidelines aligned with early childhood curricula?

☒ Yes. If yes, **describe:**
Project Construct, High/Scope, and Creative Curriculum have each produced an alignment to the Missouri Early Learning Standards.

☐ No.

d) Have guidelines been developed for children in the following age groups:

- ☐ Birth to three. Guidelines are included as **Attachment 5.2.1**
- ☐ Birth to five. Guidelines are included as **Attachment 5.2.1**
- ☐ Five years or older. Guidelines are included as **Attachment 5.2.1**

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

http://dese.mo.gov/divimprove/fedprog/earlychild/PreK_Standards/Index.html

5.2.2 Domains of Voluntary Early Learning Guidelines. Do the guidelines for three-to-five-year-olds address language, literacy, pre-reading, and early math concepts?

☒ Yes.

Missouri's Pre- Standards include Literacy Standards, Math Standards, Science Standards, Social/Emotional Standards, and Physical Development, Health and Safety Standards. Missouri's Pre-K standards can be viewed at http://www.dese.mo.gov/divimprove/fedprog/earlychild/PreK_Standards/Index.html

☐ No.

a) Do the guidelines for children three-to-five-year-olds address other domains such as social/emotional, cognitive, physical, health, or creative arts?

☒ Yes. If yes, **describe**.

Missouri's Pre- Standards include Literacy Standards, Math Standards, Science Standards, Social/Emotional Standards, and Physical Development, Health and Safety Standards. The Missouri's Pre-K standards can be viewed at http://www.dese.mo.gov/divimprove/fedprog/earlychild/PreK_Standards/Index.html

☐ No.

5.2.3 Implementation of Voluntary Early Learning Guidelines.

a) **Indicate** which strategies the State used, or expects to use, in implementing its early learning guidelines.

Check all that apply:

- ☒ Disseminating materials to practitioners and families
- ☒ Developing training curricula
- ☒ Partnering with other training entities to deliver training
- ☒ Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- ☐ Other. **Describe:**

b) **Indicate** which stakeholders are, or are expected to, actively support(ing) the implementation of early learning guidelines:

Check all that apply:

- ☒ Publicly funded (or subsidized) child care
- ☒ Head Start
- ☒ Education/Public pre-k
- ☒ Early Intervention
- ☒ Child Care Resource and Referral
- ☒ Higher Education
- ☒ Parent Associations
- ☐ Other. **Describe:**

c) **Indicate** the programs that mandate or require the use of early learning guidelines

- ☐ Publicly funded (or subsidized) child care
- ☐ Head Start

- ☒ Education/Public pre-k
- ☐ Early Intervention
- ☒ Child Care Resource and Referral
- ☐ Higher Education
- ☐ Parent Associations
- ☒ Other. **Describe:** Educare Programs, please refer to 5.1.6, #4 for a description of this program.

d) **Describe** how cultural, linguistic and individual variations are (or will be) acknowledged in implementation.

Training will be developed as part of implementation of the guidelines, this training will be done through a contracted individual with the Department of Elementary and Secondary Education and it will be contractually required that there be an acknowledgment of individual variations.

e) Describe how the diversity of child care settings is (or will be) acknowledged in implementation.

Implementation is occurring through many venues. Technical assistance providers and trainers across the state work with public and private child care settings, these include family homes, centers and group homes, licensed and unlicensed.

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

Curricula is currently being developed by the DESE to provide training on the implementation of the Missouri Early Learning Standards and is not available for publication at this time.

Implementation of Missouri's Early Learning Guidelines is supported through the efforts of OPEN and the Department of Elementary and Secondary Education (DESE). While there is no formal implementation plan the guidelines are imbedded throughout existing training and professional development activities in the state. Attachment 5.2.3 demonstrates how the guidelines are incorporated in Missouri's Core Competencies for early childhood practitioners and through the planning of conferences where practitioners receive training opportunities. In addition, implementation of the Early Learning Guidelines is part of OPEN's strategic plan which is available as Attachment 5.2.5

5.2.4 Assessment of Voluntary Early Learning Guidelines. As applicable, **describe** the State's plan for:

- a) Validating the content of the early learning guidelines

A review of the literacy standards was conducted in 2003 by the Center for the Improvement of Early Reading Achievement (CIERA). The revision of the literacy standards were based on the review report. To review the report go to <http://www.ciera.org/library/archive/index.html>

- b) Assessing the effectiveness and/or implementation of the guidelines

- c) Assessing the progress of children using measures aligned with the guidelines

The following is a link to the Preschool Exit Observational Assessment reports.
<http://dese.mo.gov/divimprove/fedprog/earlychild/MPP/PreschoolExitAssessmentProjectReportofFindings.html>

- d) Aligning the guidelines with accountability initiatives

Missouri Early Learning Standards are recommended in the Missouri Preschool Project.

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, **provide** the appropriate Web site address (reports must still be attached to Plan):

5.2.5 Plans for Professional Development. **Indicate** which of the following best describes the current status of the Lead Agency's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box that best describes the status of your State's professional development plan.**

- ☐ **Planning.** Are steps underway to develop a plan?
- ☐ Yes, and **describe** the entities involved in the planning process, the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ No.
- ☐ **Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**, if applicable.

- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**, if applicable.
- ☒ **Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5**.
- ☐ **Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 08-09 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5**.
- ☐ **Other. Describe:**

a) Describe the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2008-2009 State Plan.

In addition to the explanations below the Coordinating Board for Early Childhood (CBEC) contracted with a consultant to provide recommendations for Missouri' Professional Development system. This was concluded in the summer of 2008. Currently there is a sub-committee of the CBEC that includes several workgroups working on the development of final specific recommendations for the board's approval. Board members are appointed by the Governor's office and include all child serving Departments. More specific information about the board can be found at www.dss.mo.gov/cbec.

b) If developed, does the plan include (Check EITHER yes or no for each item):

| | Yes | No |
|--|--|-------------------------------------|
| Specific goals or desired outcomes | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A link to Early Learning Guidelines | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Continuum of training and education to form a career path | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Articulation from one type of training to the next | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality assurance through approval of trainers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality assurance through approval of training content | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A system to track practitioners' training | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Assessment or evaluation of training effectiveness | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.) | <input checked="" type="checkbox"/> Directors' credential | <input type="checkbox"/> |
| Specialized strategies to reach family, friend and | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---------------------|--|--|
| neighbor caregivers | | |
|---------------------|--|--|

c) For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**. Missouri's plan for professional development includes a career lattice, a trainer registry, a training calendar and articulation efforts. These are housed in OPEN (Opportunities in a Professional Education Network) and MOCCRRN (Missouri Child Care Resource and Referral Network). OPEN is currently funded to work on the following system components: Core Competencies, the Trainer Registry, Professional Achievement and Recognition System (PARS), and Finance and Compensation. OPEN is seeking funding to implement other components of Missouri's Career Development System. A description of their implementation may be located at: <https://www.openinitiative.org/Content.aspx?file=History.txt>

Each Missouri Child Care Resource and Referral Agency has a designated Training Coordinator. Training Coordinators assist child care providers by doing the following:

- Maintaining a list of training opportunities available in each region. Providers may access on-line training calendars by visiting their local Resource and Referral Agency's web address.
- Coordinating a variety of training opportunities including Child Care Orientation Training (CCOT).
- Identifying educational supports such as grants, scholarships, career counseling, and recognition programs available in each region of the state.
- Coordinating Regional Trainer's Meetings.

A detailed description of these activities and more can be found at: <http://www.moccrn.org>

Conference planning and training are requiring identification of the specific core competencies and early learning guidelines addressed in the workshops/training.

OPEN maintains various resources to support child care practitioners' professional development. Each element described above may be found with a description on the OPEN internet web site's resource link at: <https://www.openinitiative.org/Content.aspx?file=Resources.txt>

Director's credentials have been developed by a stakeholder group and are being maintained through a AEYC Missouri and the Missouri School Age Coalition (MOSAC2).

The Educare program in Missouri targets technical assistance to Family, Friend, and Neighbor care by utilizing the Parent's As Teachers curriculum Supporting Care Providers through Personal Visits. The Department of Health and Senior Services has developed a multi-age Child Care Orientation Training for family home providers.

d) For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

There are no immediate plans for developing an assessment/evaluation mechanism for training effectiveness that would be in addition to existing assessment/evaluation tools.

e) Are the professional development opportunities described in the plan available:

Note: Check either yes or no for each item):

Yes, see above references to OPEN, available at:

<https://www.openinitiative.org/Content.aspx?file=History.txt>

| | Yes | No |
|--------------------------------------|-------------------------------------|--------------------------|
| Statewide | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To Center-based Child Care Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To Group Home Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To Family Home Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To In-Home Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other (describe): | <input type="checkbox"/> | <input type="checkbox"/> |

f) **Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

Please refer to responses above and corresponding links to OPEN.

g) Are program or provider-level incentives offered to encourage provider training and education?

- ☒ Yes. **Describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

Please refer to responses above and corresponding links to OPEN. There are various incentives offered through Educare and community partnerships, but no statewide concerted effort. Licensed providers are required to attain 12 clock hours of training per year. Missouri is currently piloting a Quality Rating System

with hopes of eventually tying our rate structure to a statewide QRS. Providers who achieve accreditation, encompassing related training and education, receive the accreditation rate enhancement with reimbursements paid on all state subsidized children in their care.

- ☐ No. **Describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

h) As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- ☒ Yes. **Describe** how the professional development plan's effectiveness/goal is assessed.

Each agency as described above evaluates their own programs effectiveness in different ways, more details of how this happens can be found on the above websites.

- ☐ No. **Describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

i) Does the State assess the effectiveness of specific professional development initiatives or components?

- ☒ Yes. **Describe** how specific professional development initiatives or components' effectiveness is assessed.

Please see the answer to h above.

- ☐ No. **Describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

j) As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- ☒ Yes. **Describe** how assessment informs the professional development plan.

Ongoing assessment informs decisions on training provided, including how many, location, and content. Ongoing assessment also informs changes

within the trainer registry and PARS, along with the training calendar, please see the websites listed above for more specific information.

- ☐ No. **Describe** any plans to include assessment to inform the professional development plan.

PART 6

HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. **Note: This database typically contains information on licensing requirements for meeting State or local law to operate (§98.40). This database does not contain registration or certification requirements specific only to participation in the CCDF program.**

In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements.

The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

CCDF regulations (§98.2) define the following categories of care:

- **Center-based child care provider:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §98.41, §98.16(j))

- 6.1.1** Are all center-based providers paid with CCDF funds subject to licensing under State law per the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if center-based providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

- ☐ Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.
- ☒ No. **Describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

License exempt facilities are defined by statute ([RSMo 210.211](#)). Religious-affiliated and school based programs are exempt from licensure.

- 6.1.2** Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?
(§98.41(a)(2)&(3))

- ☐ Yes, and the changes are as follows:
- ☒ No.

- 6.1.3** For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)

All centers caring for 10 or more children, license-exempt, exempt and licensed are required to document age-appropriate immunization records for each child and submit aggregate data to the Department of Health Immunization Bureau annually.

The consultation services of the child care health consultation nurses at the local health agencies are available to all license-exempted and exempt centers, as well as licensed centers.

Licensed-exempt facilities shall meet immunizations requirements as defined in [RSMos 210.003](#) and 19CRS30-60.060.

- b) Building and physical premises safety

Licensed-exempt facilities operated by religious organizations and nursery schools are required to have annual Fire Safety Inspections. Building and physical premises safety issues are addressed in these annual inspections.

c) Health and safety training

Health and safety training for licensed exempt providers and exempt centers is provided through informational brochures and materials made available through the Department of Health and Senior Services and the Missouri Child Care Resource and Referral Network.

Licensed-exempt facilities are required to have annual Fire Safety Inspections.

d) Other requirements for center-based child care services provided under the CCDF

None

6.2 Health and Safety Requirements for Group Home Child Care Providers
(658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if group home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

☒ Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

☐ No. **Describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

☐ N/A. Group home child care is not a category of care in this State. Skip to Question 6.3.1

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes, and the changes are as follows:

☒ No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

N/A

b) Building and physical premises safety

N/A

c) Health and safety training

N/A

d) Other requirements for center-based child care services provided under the CCDF

6.3 Health and Safety Requirements for Family Child Care Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if family child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

☐ Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

☒ No. **Describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

Family home providers who care for four or fewer children not related to the provider are exempt from licensure.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes, and the changes are as follows:

☒ No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

Providers are informed of prevention and control of infectious diseases by way of a pamphlet which is provided at the time the family applies for child care assistance.

Parents are referred to their family physician or local health department as a way of obtaining immunization for their children. Parent are asked to declare if their child has been appropriately immunized at the time of the application for child care assistance.

Registered child care providers shall have a Tuberculin test or chest x-ray annually.

b) Building and physical premises safety

Registered providers are asked to sign a health and safety form that the parent also signs declaring there is a working telephone or message phone available, working smoke detectors and working fire extinguishers on the premises. Providers must meet all applicable state and local ordinances.

c) Health and safety training

Registered providers are provided with a pamphlet on health and safety that includes information about CPR, and how to access additional training resources.

Registered child care providers for the Department of Social Services must comply with, and be cleared from; background screenings as well as screening for foster care license revocation and child care license revocation, prior to being registered and annually thereafter.

Background screenings are conducted by the Department of Social Services, for child abuse/neglect history with the Children's Division in conjunction with the Missouri State Highway Patrol, Criminal Records Division and FBI for state and federal criminal convictions. This information is available to applicants for child care services.

Licensed family home child care providers are required to have a background screening conducted prior to licensing.

d) Other requirements for center-based child care services provided under the CCDF

NONE

6.4 Health and Safety Requirements for In-Home Child Care Providers (658E(c)(2)(F), §§98.41, 98.16(j))

Note: Before responding to Question 6.4.1, **check** the NRCHSCC's compilation of licensing requirements to verify if **in-home child care** as defined by CCDF and your State is covered. If not, **check** no for 6.4.1. Do not check "Yes" if in-home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation?

☐ Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

☒ No. **Describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

Family home providers who care for four or fewer children not related to the provider are exempt from state licensure.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes, and the changes are as follows:

☒ No.

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

Providers are informed of prevention and control of infectious diseases by way of a pamphlet which is provided at the time the family applies for child care assistance.

Parents are referred to their family physician or local health department as a way of obtaining immunization for their children. Parent are asked to declare if their child has been appropriately immunized at the time of the application for child care assistance.

Registered child care providers shall have a Tuberculin test or chest x-ray annually.

b) Building and physical premises safety

Registered providers are asked to sign a health and safety form that the parent also signs declaring there is a working telephone or message phone available, working smoke detectors and working fire extinguishers on the premises. Providers must meet all applicable state and local ordinances.

c) Health and safety training

Registered providers are provided with a pamphlet on health and safety that includes information about CPR, and how to access additional training resources.

Registered child care providers for the Department of Social Services must comply with, and be cleared from; background screenings as well as screening for foster care license revocation and child care license revocation, prior to being registered and annually thereafter.

Background screenings are conducted by the Department of Social Services, for child abuse/neglect history with the Children's Division in conjunction with the Missouri State Highway Patrol, Criminal Records Division and FBI for state and federal criminal convictions. This information is available to applicants for child care services.

Licensed family home child care providers are required to have a background screening conducted prior to licensing.

d) Other requirements for child care services provided under the CCDF

NONE

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

Indicate the Lead Agency's policy regarding these relative providers:

- ☒ **All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following a) describes those requirements and b) identifies the relatives they apply to:

6.6 Enforcement of Health and Safety Requirements

6.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d))

Describe how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- ☒ Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:

All licensed child care homes, group homes, and centers receive two unannounced inspections per year, in addition to annual fire safety and sanitation inspections.

All licensed exempt facilities (those operated by a religious organization and nursery schools) receive one announced health and safety inspection and annual fire safety and sanitation inspections.

- ☐ No.

b) Are child care providers subject to background checks?

- ☒ Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

At initial licensure, the following providers are subject to background checks:

- Family child care home providers, all employees/assistants and all adult household members;
- Group home providers, child care center director, owner, Board President/Chairperson, all employees and volunteers counted in child/staff ratio.

At renewal, the following providers are subject to background checks:

- Family child care home providers, all employees/assistants and all adult household members;
- Group home providers, child care center director, owner, Board President/Chairperson, all employees and volunteers counted in child/staff ratio.

On a ongoing basis, all employees and volunteers counted in child/staff ratios must have a request for screening on file within ten days of employment or volunteering.

☐ No.

c) Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☐ Yes, and **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

☒ No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

Licensing requirements are enforced by regular unannounced and announced inspections. Sanitation and fire safety inspections are conducted once a year. The Department of Health and Senior Services inspects twice a year in addition to the separate Fire and Sanitation inspections. Missouri also has a progressive discipline process when providers do not correct the rule violations that may include suspensions, probation, denial or revocation of the license, or seeking injunctive relief through the circuit court in case of imminent bodily harm to children in care.

6.7 Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☒ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☒ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

PART 7

HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7)

CCDF regulations (§98.2) define the following categories of care:

- **Center-based care:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

7.1 Health and Safety Requirements for Center-Based Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

- 7.1.1** For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:
- a) The prevention and control of infectious disease (including age-appropriate immunizations)
 - b) Building and physical premises safety
 - c) Health and safety training
 - d) Other requirements for child care services provided under the CCDF

7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.2.1 For all group home child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.3 Health and Safety Requirements for Family Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.3.1 For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.4.1 For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training

d) Other requirements for child care services provided under the CCDF

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ☐ **All** relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

7.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d))
Describe how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- ☐ Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:
- ☐ No.

b) Are child care providers subject to background checks?

- ☐ Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:
- ☐ No.

c) Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☐ Yes, and **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

☐ No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☐ Children whose parents object to immunization on religious grounds.
- ☐ Children whose medical condition contraindicates immunization.

APPENDIX 1

CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

APPENDIX 2

ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and/or priority for CCDF-funded child care services, Lead Agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

- *in loco parentis* –

A specified relative or legal guardian maintaining care and control of the child.

- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) -

Physical or mental incapacity as certified by a physician or psychologist or by receipt of SSI or Social Security Disability.

- *protective services* –

Services available to prevent or remedy child abuse and neglect. This includes children in the custody of the Children's Division placed in Foster Care or guardianship placements, or receiving services through the Family Centered Services, Intensive In-home Services, and Adoption Subsidy programs.

- *residing with* –

Living in the same physical residence or, in the case of a parent who is temporarily out of the home due to illness or injury, maintaining care and custody.

- *special needs child* –

A child with a special need is defined as one who is under age 18 or under age 19 but still in high school and who:

- Receives Foster Care payments through DSS;
- Receives Adoption Subsidy payments through DSS;
- Is under court ordered supervision;
- Has a physical or mental incapacity;
- Is eligible for and receiving services under DMH;
- Receives SSI; or
- Is active in Children's Service Protective Service system.

In addition, a child with one or more of the following criteria may also be deemed as 'special needs':

- Specific disability information and characteristics,
- Diagnosed as having developmental disability, health or medical condition due to disability,
- Behavioral or emotional issues, learning disability, or developmental delays;

- Participation in special education (Early Childhood Special Education, or Special Education), early intervention (First Steps), or other special service programs administered through Department of Elementary and Secondary Education;
- Adaptation or modification of curriculum or environment; or special medical or health care training needed to provide care to a child.

Missouri makes a distinction between payment rates and prioritization for services of special needs children. (Section 3.2-598.43((d)) and 3.4.1)

- *very low income* –

Very low income is defined as households whose income does not exceed 15% of the State Medium Income. Very low-income households pay \$1.00 per year sliding fee.

- **List and define** any additional terminology related to conditions of eligibility and/or priority established by the Lead Agency:

- *attending* (a job training or educational program; include minimum hours if applicable) - Attending as necessary to maintain satisfactory progress, as defined by the institution or job training program.

- *job training and educational program* -

A program whose ultimate goal is that the participant will be employable and will have the skills necessary to become self-sufficient.

- *working* (include minimum hours if applicable) –

Employment at a job or trade for which wages are received in compensation for services rendered.

- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

“Home” is interpreted to mean the family setting maintained or in the process of being established as evidenced by the assumption and continuance of responsibility for the child. A home exists so long as the parent or other eligible payee takes responsibility for the full physical care and control of child.

Circumstances may require temporary absence of either the child or the parent (or eligible payee) from the home. Temporary separation does not affect a child’s eligibility for child care so long as the parent or eligible payee retains responsibility for his/her care.

Attachment 2.1.1

**DEPARTMENT OF SOCIAL SERVICES
CHILD CARE ADVISORY COMMITTEE
MEMBER ROSTER**

| ORGANIZATION | REPRESENTATIVE NAME |
|--|----------------------------|
| Child Care Provider | Sister Berta Sailor |
| Child Care Provider | Stephan Zwolak |
| AEYC/MO | Mike Abel |
| Temporary Assistance | Cindy Rice |
| DWD | Susan Petersen |
| Research | Kathy Thornburg |
| Educare | Candice Cheatum |
| OPEN | Denise Mauzy |
| R&R | Carol Scott |
| CSBG | Jeanne Chaffin |
| Special Education | Angie Nickell |
| Head Start State Collaboration | Stacey Owsley |
| Head Start Association | Donna Veatch |
| DESE School Age | Cindy Heislen |
| DESE Early Childhood | JoAnne Ralston |
| DESE Adult Education | Cynthia Arndt |
| School Age Network | Harry Kujath |
| DHSS Child Care Licensing | Kathy Quick |
| DHSS CACFP | Ann McCormack |
| DHSS Special Health Care Needs | Melinda Sanders |
| Metropolitan Council on Early Learning | Jim Caccamo |
| Community Partnership | Cheri Heeren |
| Children's Trust Fund | Kirk Schreiber |
| Prevent Child Abuse Mo | Jay Wood |
| United Way | Wray Clay |
| Faith Based | Joe Ulveling |
| Francis Family Foundation | Lynn Knox |
| Chamber of Commerce | Daniel Mehan |
| CMC | F. Scott Gee |
| Partnership for Children | Carrie Shapton |
| ACF Regional Office | Janet Crain |
| NCCIC | Rae Anderson |
| Department of Mental Health | Patsy Carter |
| FACC | Denise Kelley |
| Resource Parent | Megan Bartlett |

Attachment 2.1.2

PROGRAM COORDINATION: EMERGENCY PREPAREDNESS

**EMERGENCY PREPAREDNESS PLAN
CHILD CARE AND DEVELOPMENT FUND
MISSOURI
May 2008**

Missouri has experienced 15 declared national disasters in the past 3 years and currently has 16 declared state emergencies open at the present time resulting from winter storms, floods, tornadoes, or other severe weather related emergencies. While not on the level of a Hurricane Katrina or Andrew, throughout each of these experiences, the State has managed to maintain critical services to families and child care providers. State emergency operations plans list all types of risk factors including natural, accidental, and civil/political, terrorist and security events

AGENCY AND STATE PLANS

Responsibility for child care in Missouri is jointly shared by the Department of Social Services (DSS) and the Department of Health and Senior Services (DHSS). DSS is the Lead Agency for the federal Child Care and Development Fund (CCDF) and is the funding agency for child care subsidy and a variety of quality initiatives. DSS passes a portion of CCDF funding to DHSS for licensing and regulatory purposes. DHSS is the child care licensing/regulatory agency.

While Missouri does not have a stand alone plan to address child care specific issues, child care emergency preparedness is woven throughout both DSS and DHSS agency wide plans which are still evolving. Both agencies' plans link to the state emergency preparedness plan. Missouri has demonstrated the ability to maintain critical services in times of localized emergencies. However, in the event of a truly catastrophic emergency, this exercise of developing a child care specific plan has increased awareness that, while we have many resources in place to address child care issues, we have more work to do with our partners to formalize emergency measures for child care.

The three designated agencies responsible for child care in the Missouri State Emergency Management Agency (SEMA) draft plan are as follows:

- The Missouri Department of Social Services – Not responsible for direct child care services, but county offices may be aware of local resources
- Church of the Brethren – Responsible for direct child care services http://www.cob-net.org/church/missouri_arkansas.htm
- Missouri Baptist Convention – Not specified

For specifics regarding the lead agencies for the various emergency services see the Missouri SEMA site, Government Faith-Based and Community Partnership page for the link to the Human Services Annex Matrix at:

<http://sema.dps.mo.gov/CC%20Webs/CCstatecouncil.asp>

For specifics regarding the state 24 hour response protocols developed by SEMA in conjunction with its state agency partners see:

<http://sema.dps.mo.gov/Missouri%20Organizing%20Protocols.pdf>

Agency Plans

Department of Social Services (DSS)

Overall state lead for mass sheltering and feeding.

Within the DSS COOP maintaining actual payment to vendors, which would include child care providers, falls under the purview of the Division of Budget and Finance, and maintaining automated systems falls under the purview of the Information and Technologies Division of the Office of Administration.

Determining eligibility for CCDF child care subsidy and payment of child care provider invoices is the responsibility of two Divisions. The Family Support Division is responsible for eligibility determination for Income Maintenance programs including child care subsidy for low income families. The Children's Division is responsible for overall CCDF child care subsidy administration and authorization for child care as part of an individual child welfare plan.

Currently responsibility for child care subsidy invoice entry for payment to child care providers is handled in one of 4 ways, 1) by the Centralized Child Care Provider Relations Unit (CCPR) and the Children's Division Payment Unit (CDPU) both located in Jefferson City, 2) by local FSD and CD county offices, 3) in the Kansas City area through contract with the Local Investment Commission (LINC), and 4) by on-line entry by the provider via the internet.

Within the next two years Missouri is hoping to move to both a single department wide child care system as well as a biometric finger imaging system that uses touchpad technology to check children in and out of child care facilities. In times of emergency or disaster, this electronic time and attendance system, which includes battery backup, will provide more accurate information as to the children in care on the day of the incident, will eliminate the need for paper attendance records and paper invoice entry requiring less staff to perform this critical function, and will provide better security as to who can remove children from care.

Child Care Subsidy

Due to Missouri's integrated FAMIS payment system and the fact that child care subsidy and TANF eligibility are handled by the same staff, emergency preparedness for child care runs parallel to TANF. At the local level, responsibility for TANF and child care authorizations for low income families are handled by the same staff. Authorizations for protective services child care are handled by local child welfare staff. The overall agency DSS Continuity of Operations Plan (COOP) discusses payments to vendors which includes child care providers. The COOP addresses:

Call down phone trees (communication protocols) at both the state and local levels including designated emergency leads and backup, which ensures that the agency staff can function during emergencies.

While the agency does not provide a child care plan for their own staff in case of emergency so they can come to work or work remotely, they encourage staff to have individual emergency plans.

The lists/databases of child care families/providers receiving child care subsidy are covered under the State Office of Administration's Information Technology Services Division (ITSD) disaster recovery plan. ITSD conducts annual disaster recovery exercises of its various automated systems including child care.

Communication between the DSS central office and local providers will be handled through coordination between the local child care licensing specialists and the local resource and referral agency.

While the state has developed partnership agreements with emergency response teams within state agencies and border states, these agreements do not include interstate compacts to permit sharing and redistribution of child care resources to serve families who are displaced to other states.

In the event of a truly catastrophic emergency or disaster, Missouri would hope to partner with ACF and FEMA to address emergency funding issues.

Eligibility and Authorization during an emergency or disaster:

- The DSS FAMIS system allows for real time changes to a child's authorization that will accommodate emergency response (i.e. change in provider, hours authorized, additional children, address changes etc.)
- DSS policy allows for additional work hours in that 30 minutes up to 3 hours is considered part day care, 3 hours up to 5 hours is considered half day care, and 5-10 hours is considered full day care. Should an emergency situation require more than 10 hours of care, the parent can be immediately authorized for additional part, half, or full days as needed.
- As eligibility is based on projected income, one time funding for additional work hours related to an emergency will not affect future eligibility.
- Current policy allows for a 30 day extension to allow for job search should a parent lose a job (or be out of work due to an emergency or disaster).
- DSS is transitioning to direct deposit for all child care providers with the ability to switch payment to paper checks when necessary.
- DSS allows applications for assistance to be made in-person visits or by mail. We would not anticipate that this process would change in the event of an emergency.
- Missouri families pay a maximum of \$5 per day as a sliding fee. We would not anticipate changing this minimal contribution as a result of an emergency situation.
- While DSS has managed to avoid a waiting list based on lack of available funding to date, the FAMIS system has a waiting list capability should the need arise due to an influx of families needing child care assistance.
- The FAMIS system developed a method for flagging families that were in Missouri as a result of Katrina that could be used for any emergency situation.
- DSS has a policy clearance process that can address the need for flexibility of policy interpretation during an emergency situation, while maintaining the integrity of the child care subsidy program.

Infrastructure

While there are no funds available to specifically address infrastructure issues that would provide funding to providers to address health and safety issues, DSS provides approximately \$3 million in funding to the state Educare program for provider education and training. In the event of an emergency or disaster

situation, a portion of this funding might be diverted to address these issues. Also would encourage providers to explore small business administration loans and USDA Rural Development Loans.

Operation Risk and Mitigation Steps (from DSS COOP – Family Support Division, Income Maintenance Program Section)

- Documentation showing a user how to perform the critical function does not exist.
 - Function documentation should be created for all critical functions that provide a back-up person the instructions needed to complete an unfamiliar function.
 - Copies of all function documentation should be kept on-site in hardcopy.
 - Offsite storage of hardcopy documentation should be located at a distance from the primary site and should be able to withstand blast, fire, water, and other destructive forces.
 - All function documentation should be stored on the network. File server backups should have a defined back-up schedule, with backups sent off-site for storage.
 - Function documentation should be reviewed at least annually to identify any needed changes to the document. Reviews should be performed sooner than annually if the function changes.
- Requires large number of people to complete the critical function.
 - Ensure that multiple contact methods for everyone involved in the critical function are documented in the function documentation. Update contact information at least twice annually.
 - Develop a contingency plan that defines how this critical function will be handled if some of the personnel involved are not available.
 - Assign/designate back-up person for all personnel involved in the critical function.

Department of Health and Senior Services (DHSS)

Overall state lead for coordinating state and local activities and messages regarding health issues, food and water, and the elderly and disabled.

Missouri's "Ready in 3" program developed by DHSS has information specific to child care providers including a video, Family Safety Guide for the provider to use or to share with families including a checklist and information to put together an emergency kit, and youth activities to prepare children for an emergency. The Family Safety Guide is available in English, Spanish, Bosnian, and Braille.
http://www.dhss.mo.gov/Ready_in_3/ChildCareProviders.html

There is also a "Ready in 3 for Kids" that provides interactive games to help prepare children for an emergency.

DHSS along with DSS and other state agencies partner with the Red Cross National Shelter System regarding a pre-identified list of shelter locations for emergency relocation/evacuation sites and will partner with the Church of the Brethren in establishing temporary child care services.

Child Care Licensing

DHSS has an overall agency emergency preparedness plan that included child care licensing administration.

Communication between the DHSS central office and local providers will be handled through coordination between the local child care licensing specialists and the local resource and referral agency.

The list/database of child care providers under the jurisdiction and information relating to these providers is covered under the State Office of Administration's Information Technology Services Division (ITSD)

disaster recovery plan. ITSD conducts annual disaster recovery exercises of its various automated systems including child care licensing.

Child care licensing has implemented an electronic tablet system where licensing information is entered on an electronic tablet and uploaded into the Department's automated integrated MOHSAIC system for processing. In an emergency situation, this would allow for information to be uploaded from a remote site.

The DHSS Family Care Safety Registry (FCSR) is an on-line automated background screening system. It automatically checks a variety of systems including state criminal history, child abuse/neglect history, foster care license revocation, etc. There is currently a two day turnaround for FCSR checks.

Child Care Licensing Rules are currently undergoing revision. A facilitator has been hired and dates have been scheduled for meetings of the rule revision team. This emergency preparedness exercise is timely in that several items have been noted for exploration as part of the rule revision process.

Current rule:

- Requires child care providers to have an emergency plan, a posted evacuation plan, and conduct documented fire and tornado drills.
- Includes a variance process that allows DHSS authority to waive licensing requirements during an emergency or disaster.
- Includes a process in place to assess child care providers' damages and needs to ensure building safety both through its licensing process and through coordination with its sanitation section and the state fire marshal.
- Includes a process to license temporary child care facilities/programs via its short term license process.
- Affords DHSS the ability to waive the 12 hour annual training requirement in the event of an emergency or disaster.
- Requires provider to maintain contact information for emergency situations including who is authorized as a back up to pick up children. Currently providers would rely on the local Red Cross Family Reunification procedure to reunite children with parents.

Issues to consider in rule revision:

Ensuring flexibility of policy, or alternate policy (i.e. emergency child care regulations), in case of emergency/disaster including:

- Relocation of children during or after a disaster
- What happens in the event parents don't arrive to pick up the children and there is the possibility that parents have been detained, injured, or killed as a result of a catastrophic event
- Assess adequacy of rules relating to temporary child care facilities and/or child care for first responders
- Assessment of large numbers of damaged facilities
- Policies and procedures for reuniting children and parents in case of an emergency or disaster including a specified pick up point
- Requirement for contractors to have an emergency preparedness plan

While Missouri has demonstrated the ability to maintain critical services in times of localized emergencies, in the event of a truly catastrophic emergency, this exercise of developing a child care specific plan has increased awareness that, while we have many resources in place to address child care issues, we have more work to do with our partners to formalize emergency measures for child care.

Child Care Issues for Future Exploration or Action:

- Development of a "Critical Functions" document for child care.
- Adding to agency/division emergency preparedness plan a section that specifically addresses child care subsidy administration.
- Coordinating a meeting with the Church of the Brethren and the Missouri Baptist Convention in regard to child care roles in an emergency situation. This meeting should include at minimum DSS, DHSS, and MOCCRRN.
- Child Care for first responders.
- Strengthen linkages between local FSD and CD offices and MOCCRRN and local DHSS licensing staff in emergency plans.
- Incorporating emergency preparedness into an existing Child Care Orientation Training Module for child care providers, or creating a new module to specifically address.
- Coordinate emergency plan with the plan under development by the Missouri Department of Health and Senior Services Child Care Licensing Section.

Attachment 2.1.3

The Early Childhood Comprehensive Steering Committee plan may be accessed via the web at <http://www.dhss.mo.gov/ECCS/ECCS-FinalPlan.pdf> .

Attachment 2.2

Summary of Public Hearing Comments

Rolla:

- I live in Crawford County just 2.6 miles from Franklin County. I get \$8.75 per day when providers in Franklin get \$13.15 for preschool. We are in the same school district. Why not have the same pay? Rural areas need more help so that we can keep our business's open. I have families that are leaving and going right down the road to Franklin County to pay less money.
- I can't pay for an infant teacher when I have all state paid children. My ratio is 4 to 1. I can't pay minimum wage on the state rate.
- I have a group home. I have my CDA and have met all of the training requirements. I don't get a raise for that.
- Three of my families are Children's Division and I take a loss because I can't be paid above the state rate for them.
- I have never received a market rate survey.
- Group homes are mostly in rural areas and we have different needs than centers in metro areas. The needs are different, not less expensive. We need to be paid more money.
- Only 1 of the 8 sites represented at the hearing received the market rate survey.
- Rural areas are paid to low. I question the validity of the market rate survey. I think people must be reporting what subsidy pays, not what they charge because I charge \$25.00 a day and that is the going rate in town. I cannot provide care for \$14.70 accredited which is what subsidy pays. I cannot afford to enroll foster care children because I lose \$25.00 a week. This is with the additional 25% provided. It takes 2-3 weeks to replace a child so I am losing money in this 2-3 weeks. I do not feel our question was totally answered. I feel our question was more side stepped then answered. Rolla needed more time for questions.
- I think questions need to be answered and not have the run around or go ask someone else that's going to give us a run around. My monitor is a wonderful person. She has a lot of daycares she goes to answer my questions.
- Rural providers do not get enough reimbursement – daily rates may be higher in cities, so are the incomes in cities, food resources more available to those in cities for better prices. Centers should not be reimbursed more – they are able to use food supplies and purchase in bulk. I have the same health and safety regulations requirements and staff requirements. Centers often have many slots and operate not on full capacity. Are they accepting

subsidized families and take what state pays without collecting co-pays because state pay is more than just an empty slot? I think it is worth investigating.

- Rural areas are not reimbursed at a comparable rate to metropolitan areas. As a provider, I feel like I am subsidizing the foster/adoptive care system by not being able to charge them a co-pay. DSS needs to pay what we charge or not recommend foster families for child care services. Block time for child care is not practical for providers. We charge by the day, not part-day or half-day. Attendance details should be full day only. More timely payments for invoicing. I just received payment in April 2009 for invoices submitted in August, 2008. I am quite sure none of the DSS department has to wait eight months for a paycheck. It is very frustrating.
- Rural subsidy rates are EXTREMELY disproportionate to that of metropolitan areas. I lose money by having state subsidy children in my family home care. It is not possible for me to hire an assistant and pay minimum wage if I have 4 infants (with state pay) in my care. Why is it that the children and families who need quality care the most are given the least. PLEASE make it do-able for us to provide quality care to ALL children.
- Would like to know more information of why group homes have the same rules as centers but don't receive the same reimbursement of state funding. I didn't receive a market rate survey. Why are we being asked to subsidize the foster care children? It is coming to a point where I won't be able to care for foster children because I'm losing over \$5.00 a day per child. Takes a lot longer to receive money for our foster care children because it can't be done electronically.
- Rural providers don't get enough subsidy. Why don't foster children guardians have to pay a difference? There isn't a difference between the children. It's taking a spot for other children who will pay the full price. Takes longer to receive money from foster children because can't do electronically – June 2010 too late – maybe could get sooner!
- If the market rate survey results in clearly inequitable discrepancies between rural and urban rates, does the Department attempt to remedy the inequities?
- If you can't ask foster parents to make co-pay, how can you ask us to provide care to foster children? Can you revamp the reimbursement program? How do they figure reimbursement rate?
- Need to put terms in layman's terms. These ladies know what they're talking about but that doesn't mean we do! Give us the bottom line! "Market value" really doesn't apply to us since we are in a rural area. How can we get more support in this area? Also, it was mentioned that the research determine support – out of our 7 group homes represented here, not one received the market research questionnaire. How can you get valid data without that input? How many more are not being represented?
- As a group home provider, I feel I am being punished for choosing to be a group home because we are a minority so to speak. We are not a minority and you need to pay attention

to us too. As a child care provider in rural Missouri, I recently raised my rates by \$2.00 for each day and lost four children due to the increase so I am having a hard time understanding why the metropolitan areas receive so much more in subsidy money. I only charge \$14.00 per day for preschool and \$20.00 per day for infant but Maries County has a lot of under the table care for children and many are over the 4 child maximum. But many undercut the cost of our center.

- Our site had more people so we needed more time for questions. Group homes are a rural issue – we had 7 here! Providers who make very low wages are being asked to subsidize the foster care system when we can't charge the difference between state pay and what I charge. Why can't child care providers access school age funds? Our school doesn't have an after school program or MMP but our town has after school agers. The QRS presentations showed a survey showing very few people used R & R to find a child care – they used friends or word of mouth so why not give that money to increase subsidy rates.

Nixa:

- Nixa High School was not a good location. There were issues with getting in the building. Apparently they received an email saying it go set back to 7:00 instead of 6:30. The building was also a maze and it was extremely difficult to find the room. As the moderator, I was chasing people down all over the building. It was a nice room once we found it, but it was too difficult to get to. Attendees were frustrated. We had comments from providers that they were not able to attend because it was a Wednesday night. One provider stressed that faith-based providers were unable to attend. We had a very low turnout for the Springfield area and I think it might be a combination of moving it to Nixa and it is a Wednesday night. Thank you to Alicia for helping us out with all our issues. Location/technology – we were told by MO School Net at the end of session that they feel maybe it is a band width problem and that is why we keep getting kicked off. Maybe there were just too many sites around the state for the band width available. Becky did a great job with all the questions being fired at her.
- Poor choice of location. Nixa High School wasn't prepared for us – front door locked until 6:30 so we missed the first part of the teleconference. The room where the teleconference was held was difficult to find – on the 3rd floor with no signs to direct us. The tech guy walked us to the room or I'd never have found it. The call-in feature did not work. We called our questions in via cell phone and were disconnected from the live feed. I believe the poor turnout here was related to location. We did get reconnected after a period of time. Question and Answer session was helpful. Becky did a good job fielding the questions. (Grace under fire.)
- Teleconference great idea – location in Nixa not accommodating. Nice facility but I believe poor attendance due to location. Yes, opportunities given for questions/answers. Becky Houf great job of answering questions.

- When we care for adoptive/foster children, we actually have to subsidize their care. We end up losing money. For instance, if a paying child is there or not, he/she still pays. If a foster/adoptive child isn't there, no one pays. We still have to provide staff, supplies, etc. for the child. This can result in a \$2000 to \$3000 loss per year per child. Thanks for all of the time, energy, heart and soul each of you is investing in children and those who care for them.
- What is parent's responsibility and how are we encouraging parents to be independent? How is this shown? Can provider limit number of foster/adoptive families? Can market rate survey and R & R survey be used with cost of living and the increase with state minimum wage be evaluated yearly to be reflected with state minimum.
- Weak teleconference – technical equipment. Payment for when child goes home early – how is it paid? We need to be paid for all day. Please push the electronic time and attendance system. Birth – 24 months care grants needed for centers open 11 months – we are in a school district and don't need July care. Funding for teacher training needed! Be sure MQS aligns with licensing and accreditation so we don't have more hoops to jump through. Providers need to be able to access state information concerning each case so we know immediately about sliding fee!

Poplar Bluff:

- I am appreciative that the moderator and her panel took the time to offer this teleconference. I realize it is very hard for one person to respond to questions from so many areas. However, there were some very specific questions asked that received very unspecific answers. There needs to be a phone number or a website where providers can receive specific accurate answers. As a provider, I have difficulty getting accurate specific information and answers to questions.
- Parental choice is still available within regulated programs. Parent's choices should be allowed within the regulated programs only if our sacred state dollars are to be utilized. Private childcare is going to become extinct if our state doesn't only recognize but better fund programs offering services to low income families. Is that the goal? Communication, communication between state approval and programs. The commitment to protect the families right to choose and more causes the provider to often lose on a financial level. I love what I do but I can't do it for almost free.

West Plains:

- For the most part, I felt this was well done. I felt that Becky Houf handled the questions and answer session very well – informative, respectful and patient.
- We are a group home. Would like to know why our rates are less than a day care center when we have to have everything the same as a center. (Education, staff, ratio, etc.)

- Group homes are small businesses just as child care centers. Group homes have to have the same number of employees, square footage per child, same supplies and equipment. Group home reimbursement per child is much less than child care centers. This is greatly hurting the small business of group homes. Parents are taking their children to centers because they don't have as much out-of-pocket expense. This should be the same across the board.

St. Joseph:

- I believe stimulus money should be used for Infant/Toddler Specialist. We know brain development begins from birth and that 90% of development occurs by 3 years. What better investment than our youngest children!
- Market rate surveys need to be conducted on a yearly basis. All stakeholders need to be notified in advance of the survey so that they may stress the importance of survey completion with all providers they serve.
- Thank you for making all the arrangements to conduct this teleconference. Rolling Hills was wonderful to work with. I liked being able to hear all the questions around the state. I was disappointed by the turn out. I thought we would have some providers here. This event was very well organized.

Kansas City:

- So many comments related to specifics of how things work now, not on the plan. But it is hard to keep this type of audience focused at the plan level. Good job Becky.
- The teleconference was an improvement because we were able to hear similar concerns from providers and advocates in other regions. I do think there would be better turnout however if in-person meetings were held in Kansas City and St. Louis, which together account for over 75% of subsidized care.
- We are in desperate need in a program increasing foster care rates as soon as possible. Several centers are turning away foster care because we no longer can donate care. (THIS HAS BEEN IGNORED FOR YEARS!)
- We are very concerned about our foster care families and the inability for child care centers to sustain loss as a result of providing care. Unfortunately, as centers, we are having to turn away quality care for foster children.
- The length of the hearing was slightly excessive. Shortened and directed responses would have been appreciated.
- Good to hear from other areas of the state, not just ours.

- Excellent moderator – knowledgeable, concise, clear, demonstrated good examples. Good questions – raised my awareness of child care issues. Weak panel presentations – only read the script – had no enhancement of data. Include parent-consumers in Advisory Committee.
- The panel never really did answer any of the questions. The main thrust from the panel was is that a comment or question. If you as a panelist were assembled, why don't you have any answers? We complete surveys, we participate in advocacy day, we lobby our congressmen, senator, etc. This results in NO ANSWERS.
- Not enough notice, could not find the place.
- More notice given about this would have been needed. I found out the same day. Regarding state payments – child may be approved for a certain amount of days but looking at the calendar years, some months have more weekend days then weekdays. For instance, if there is a month with 5 weeks, there are 10 weekend days and parents may only be approved for 7 to 8 days.
- Thank you for the opportunity!!
- We could have had more people attend. The location was not on a bus line.

St. Louis

No Comment.

Cape Girardeau

No Comment.

Kirksville

No Comment.

Portageville

No Comment.

Columbia

No Comment.

Joplin

- In regards to the transitional plan – there seems to be great confusion in the possible duration of funds. The center paperwork indicated three months however payments have reported their FSD counsel have said there is a one year limit. Why is there a discrepancy?
- It needs to be more things done about the sliding fee and co-pay. The sliding fee is not a whole lot. So parents are getting away from paying the providers at all. It needs to be more rules about it. With the online invoices, it needs to be more time to show parents what the state is really paying for the child. State needs to consider a program to help pars with paying for child care.

- I felt this meeting made the providers more confused than they were in the beginning. It was hard to understand Becky's answers and the answers she gave did not answer the provider's questions. There were only two providers at this site – both from Joplin – no one from Nevada. People at our site did not have our names at all – person listed as TA was not there. Too far for us and the providers to go for no one being there.
- Great panel facilitator on the state level – Becky Houf.
- Good to hear questions from around the state.

Jefferson City: (Note that these comments were from actual advisory committee and providers were in attendance)

- On-line invoicing is great! I love it, payment is timely. Great work!
- This was very enlightening. I was interested to hear around the state how similar your challenges are. It was good to hear from other cities/counties around the state with challenges that did differ from our own locally.
- Understanding the need for limiting absences- there should be a way to recap days when a child is under a doctor's care and not able to attend. With a medical excuse can excessive days be considered?
- I expected to gain a better understanding of how actual federal funds were distributed to programs and how programs can access funding.
- Provider quality is very costly and continues to increase. Providers need more state funding assistance especially during these tough economic times. Missouri rates provided to programs are way below national average.
- Parents need more help financially children are leaving high quality programs because their inability to afford minimal co-payment and putting children in unlicensed unregulated care, putting children in danger. Fanatical help is desperately needed.

Additional Comments:

- I felt most and if not all questions were not answered. In future, the board should be able to answer questions instead of stumble around.
- Questions were not really answered. Would like to see a way to sign into the computer and see who is assigned to our facility and what their sliding fee is. Rates reimbursed need to be adjusted more often.
- Most questions were not really answered.

- Would like to see child care subsidy rates be the same throughout the state. If you are licensed it cost the same wherever you are.

APPENDIX 3: ADDITIONAL CERTIFICATIONS

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

- 1. Assurance of compliance with Title VI of the Civil Rights Act of 1964:**
<http://www.hhs.gov/forms/HHS690.pdf>
- 2. Certification regarding debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 3. Definitions for use with certification of debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 4. HHS certification regarding drug-free workplace requirements:**
<http://www.acf.hhs.gov/programs/ofs/grants/drugfree.htm>
- 5. Certification of Compliance with the Pro-Children Act of 1994:**
<http://www.acf.hhs.gov/programs/ofs/grants/tobacco.htm>
- 6. Certification regarding lobbying:**
<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

REQUIRED ATTACHMENTS

List all attachments included with this Plan.

Attachment 3.1.1

Missouri's Child Care Policy Manual may be accessed via the web at
<http://www.dss.mo.gov/fsd/iman/chldcare/cctoc.html>.

PLAN FOR CCDF SERVICES IN: [Missouri]
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 3.1.1 (1)

| | | | |
|----------------------|-------------|-----------|-------------|
| ACTION NOTICE | Page | 01 | Date |
| | | | 03/02/2009 |
| Head of EU | | | DCN |
| JANEY DOE RECIPIENT | | | 1234567890 |

The following action(s) was/were taken for eligibility unit number CC1234567890CHC001:

The children listed below are eligible for child care assistance from 02/09/2009 thru 01/31/2010. The child(ren) and their dates of eligibility for child care benefits are listed below. In order to receive these benefits, you must find a child care provider. Your child(ren) is(are) now on a waiting list since you do not have a child care provider. If you do not find a child care provider within the next thirty days, your household's eligibility for child care assistance may end.

Please notify your Eligibility Specialist when you locate a child care provider. Your household's eligibility for child care assistance may be redetermined at that time.

| | | | |
|-----------------------|------------|------------|-----------|
| NAME | DCN | BEGIN DATE | END DATE |
| JILLIAN DOE RECIPIENT | 2345678901 | 02/09/2009 | 01/31/201 |

Your child care net countable income is as follows:

| | | | |
|---------------|--------------|-----------------------------|--------------|
| BENEFIT MONTH | GROSS INCOME | - MEDICAL INSURANCE PREMIUM | = NET INCOME |
| 02/2009 | \$234.00 | \$0.00 | \$234.00 |
| 03/2009 | \$234.00 | \$0.00 | \$234.00 |

If you:

- * disagree with this decision,
- * disagree with the sliding fee or daily amounts for child care,
- * disagree with the benefit amount,
- * have questions regarding this notice, or
- * would like to request a fair hearing,

Contact your local Family Support Division office at the address on the front of this letter or complete the enclosed fair hearing request form. You have 90 days to request a hearing.

If you agree with the above decision, you do not have to request a hearing.

(06/03)

FA-150

Attachment 3.1.1(1) continued

| | |
|---|----------------------------------|
| ACTION NOTICE | Date 03/02/2009 |
| Page 01 | |
| Head of EU JANEY DOE RECIPIENT | DCN 1234567890 |

If you request a hearing:

- * you may represent yourself,
- * an attorney may represent you,
- * other persons who have knowledge of your situation may represent you,
- * you have the right to present witnesses in your own behalf, and
- * you have the right to question witnesses who appear at the request of the Family Support Division.

FOR THE POSSIBILITY OF FREE LEGAL SERVICES CONTACT:

LEGAL AID OF WESTERN MO
1125 GRAND BLVD STE 1900
KANSAS CITY MO 64106
816-XXX-XXXX

CHILD CARE REPORTING REQUIREMENTS:
Change reporting responsibilities
Report the following changes immediately to your eligibility specialist:

- * any changes in income, including employment, loss of employment, place of employment,
- * any changes in work, school or training schedules,
- * any changes in child care provider or hours of care needed,
- * any changes in medical insurance premiums,
- * any changes in household members, or,
- * any changes in residence

If you have any questions or require further information, please contact:

JOE ELIGIBILITY SPECIALIST **Phone: (XXX)XXX-XXXX**
Load:00XXXX

(06/03)

FA-150

PLAN FOR CCDF SERVICES IN: [Missouri]
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 3.1.1 (2)

| | |
|--|---------------------------|
| ACTION NOTICE Page 01 | Date 01/06/2009 |
| Head of EU JANEY DOE RECIPIENT | DCN 1234567890 |

The following action(s) was/were taken for eligibility unit number CC1234567890CHC001:

The child(ren) listed below are eligible for child care assistance from 02/01/2009 through 01/31/2010. The Family Support Division will pay your child care provider for a portion of your child care expenses. In order to receive this payment, your child care provider must send us child care invoices on a monthly basis. Invoices must be signed by your child care provider. Certain providers must also send in attendance sheets which track the hours and days when care is provided. You must sign these attendance sheets on a daily basis.

The child care amounts listed below are based on your child care household's size and income as well as the provider chosen.

If your provider charges more than the amounts listed, it is your responsibility to pay this excess amount to your provider.

| | |
|---|---|
| CHILD NAME JILLIAN RECIPIENT PROVIDER: WAYLON JENNINGS | DCN 2345678901 SPECIAL NEEDS: N |
|---|---|

BEGIN DATE: 02/01/2009 **END DATE:** 06/30/2009

23 full day units per month

| | | | | | |
|----------------------|-------------|-------------|-------------|-------------------|-----------------|
| RATE PER DAY: | FULL | HALF | PART | BEGIN DATE | END DATE |
| DAY TIME | \$4.13 | \$2.44 | \$2.44 | 02/01/2009 | 06/30/2009 |

If you:

- * disagree with this decision,
- * disagree with the sliding fee or daily amounts for child care,
- * disagree with the benefit amount,
- * have questions regarding this notice, or
- * would like to request a fair hearing,

Contact your local Family Support Division office at the address on the front of this letter or complete the enclosed fair hearing request form. You have 90 days to request a hearing.

If you agree with the above decision, you do not have to request a hearing.

FA-150

(06/03)

| | | |
|---|---------------------------------|----------------------------------|
| ACTION NOTICE | | Date 01/06/2009 |
| Page 01 | | |
| Head of EU JANEY DOE RECIPIENT | DCN 1234567890 | |

If you request a hearing:

- * you may represent yourself,
- * an attorney may represent you,
- * other persons who have knowledge of your situation may represent you,
- * you have the right to present witnesses in your own behalf, and
- * you have the right to question witnesses who appear at the request of the Family Support Division.

FOR THE POSSIBILITY OF FREE LEGAL SERVICES CONTACT:

LEGAL AID OF WESTERN MO
1125 GRAND BLVD STE 1900
KANSAS CITY MO 64106
816-XXX-XXXX

CHILD CARE REPORTING REQUIREMENTS:
Change reporting responsibilities
Report the following changes immediately to your eligibility specialist:

- * any changes in income, including employment, loss of employment, place of employment,
- * any changes in work, school or training schedules,
- * any changes in child care provider or hours of care needed,
- * any changes in medical insurance premiums,
- * any changes in household members, or,
- * any changes in residence

If you have any questions or require further information, please contact:

JOE ELIGIBILITY SPECIALIST Phone: (XXX)XXX-XXXX
Load:00XXXX

(06/03)

FA-150

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 3.1.1(3)

**JANEY DOE WEE CARE
1818 SOME STREET
SOMETOWN MO 63XXX**

| | | | | | | |
|--|--|-------------------------|--|-----------------------------|----------------------|--|
| CHILD CARE PROVIDER REGISTRATION APPLICATION AND AGREEMENT | | | | | Date: 03/13/2009 | |
| Provider/Facility Name: JANEY DOE WEE CARE | | | | SSN/TAX ID: 1324923879 | | DVN: 1234567890 |
| Provider Physical Location Address Street: 1818 SOME STREET | | City SOMETOWN | | State MO | Zip 63XXX | Telephone 314-XXX-XXXX |
| Address Where Care is Provided (If different from physical location) | | City | | State | Zip | Telephone |
| Mailing Address Street: 1818 SOME STREET | | City SOMETOWN | | State MO | Zip: 63XXX | Provider County: POLK COUNTY |
| PLEASE COMPLETE THESE ITEMS SO THAT WE CAN PROCESS YOUR REGISTRATION CORRECTLY: | | | | | | |
| 1. (Check only one box). My child care business operates in: | | | | | | |
| <input type="checkbox"/> A. A school according to the letter I received from the Missouri Department of Health and Senior Services/Bureau of Child Care. <input type="checkbox"/> B. A religious-compliant setting according to the letter I received from the Department of Health and Senior Services/Bureau of Child Care. <input type="checkbox"/> C. The months of May – Sept. as a summer camp according to the letter I received from the Dept. of Health and Sr Services/Bureau of Child Care. <input type="checkbox"/> D. My home and I care for four or fewer children that are not related to me. <input type="checkbox"/> E. The child's home and the number of children in my care that are not related to me is no more than four. <input type="checkbox"/> F. A state other than Missouri and my child care business is exempt from licensure in the state where I provide care. <input type="checkbox"/> G. A state other than Missouri and my child care business is licensed in the state where I provide care. | | | | | | |
| 2. (Check all that apply) I care for children during the hours of: | | | | | | |
| <input type="checkbox"/> Daytime care from 6:00 a.m. to 7:00 p.m. <input type="checkbox"/> Evening care from 7:00 p.m. to 6:00 a.m. <input type="checkbox"/> Weekend care from 6:00 a.m. Saturday to Sunday at 7:00 p.m. | | | | | | |
| 3. (Check all that apply) I certify that I: | | | | | | |
| <input type="checkbox"/> Am a child care provider age eighteen (18) or older. <input type="checkbox"/> Accept direct payment from the state by submitting billing invoices on a monthly basis. <input type="checkbox"/> Am willing to provide care to a child with special needs. <input type="checkbox"/> Wish to receive my child care payments from the state as electronic deposits to my bank account. (Please ask for a Direct Deposit Form (IM-20) from your local Family Support Division office). <input type="checkbox"/> Am an accredited child care program and my accrediting organization is _____. <input type="checkbox"/> Understand that I must keep daily child attendance records signed by the child's parent/caretaker. These records must be kept for five years after the child has left my care. I agree to make the attendance records immediately available upon request from the state. <input type="checkbox"/> Understand that the state may perform a random audit of my child care business even when my business is reviewed by an independent auditor. <input type="checkbox"/> Understand that my child care payments are based on the state maximum rates for my facility type, geographic region, age of the child, and time of day that care occurs and that I may not charge a higher rate for state paid care than I charge for parent paid care. <input type="checkbox"/> Am willing to accept the state maximum rates for my facility type and geographic region. | | | | | | |
| 4. DO NOT COMPLETE THIS SECTION IF YOU AGREE TO ACCEPT THE STATE MAXIMUM RATES. Please tell us the DAILY rates that you charge for the following ages and times of care. Complete only for those ages of children in which you offer care. Note: The rates you enter on the form must be less than the state maximum rate for your facility type and area. | | | | | | |
| I charge the following rates for these ages and times of care: | | DAYTIME RATE | | EVENING/WEEKEND RATE | | |
| Birth to age 2; eligible for five or more hours of care | | | | | | |
| Birth to age 2; eligible for three but less than five hours of care | | | | | | |
| Birth to age 2; eligible for one half hour but less than three hours of care | | | | | | |
| Ages 2 to 5; eligible for five or more hours of care | | | | | | |
| Ages 2 to 5; eligible for three but less than five hours of care | | | | | | |
| Ages 2 to 5; eligible for one half hour but less than three hours of care | | | | | | |
| Ages 5 or older; eligible for five or more hours of care | | | | | | |
| Ages 5 or older; eligible for three but less than five hours of care | | | | | | |
| Ages 5 or older; eligible for one half hour but less than three hours of care | | | | | | |

PLAN FOR CCDF SERVICES IN: Missouri
FOR THE PERIOD 10/1/09 – 9/30/11

| | | | |
|---|--------------|----------------------|-------------------------------|
| 5. YOU MUST COMPLETE THIS SECTION IF YOU CHECKED BOX 1D, 1E, OR 1F (ON FRONT SIDE OF THIS FORM): 03/13/2009 | | | |
| <input type="checkbox"/> I understand that I shall not engage another person to take over my duties as the primary caregiver for the time that the children are authorized for care to me and I am the sole caregiver of the children in my care. | | | |
| <input type="checkbox"/> I reported all of my household members to the Department of Social Services and I agree to comply with all background-screening requirements. | | | |
| <input type="checkbox"/> I understand that I am applying for registration because I have a subsidy eligible family requesting my care services. The parent requesting my services and children in care are listed below: | | | |
| Parent Name | Child's Name | Childs Date of Birth | My Relationship to this Child |
| | | | |
| | | | |
| | | | |
| | | | |
| PROVIDER AND PARENT CERTIFICATION SECTION: All Providers applying for Registered Status with the Department of Social Services must read and sign. If you checked box 1D, 1E, or 1F on the front side of this form, you must have the parent of children in your care read and sign this form. | | | |
| I understand that payment from the Department of Social Services may end if I fail to follow any part of the below agreements: | | | |
| <ul style="list-style-type: none">• I understand that an application for provider registration is not a guarantee that I will be approved to be a child care provider for families accessing assistance through the Department of Social Services.• I must report incidents of child abuse or neglect to the Child Abuse and Neglect Hotline at 1-800-392-3738, pursuant to RSMo 210.115.• I agree to provide parental access to the parent's child, myself, and any records I have on such child at any time.• I am a self-employed caregiver and not engaged as a state employee. I am responsible to file appropriate tax returns with the Missouri Department of Revenue and the Internal Revenue Service. I agree to supply proof of my correct and current tax identification number and new IRS W-9 Form to the Department of Social Services if my tax identification number changes. I hold the State of Missouri harmless from liability if I fail to file state and/or federal income taxes, if I am required to do so.• I agree to maintain the confidentiality of any child or family whose care is paid by the subsidy or grant program pursuant to Sections 208.010, 208.120 RSMo. Certain family and child information may be released to specified parties as outlined in Section 210.150 RSMo.• All required household members have been screened according to the Background Screening and/or the Family Care Safety Requirements. I am physically and emotionally able to provide care to children.• I understand and agree to cooperate with the Department of Social Services and/or the Department of Health and Senior Services during investigations and/or audits regarding any complaints against my child care business relating to program rules, report of alleged child abuse or neglect against me or other persons present at my child care business, other child health and safety issues, or improper/fraudulent billing practices.• I read and intend to abide by the Health and Safety Certification Requirements form and my child care program is compliant with these provider health and safety requirements, as they apply to me according to my legal status as a provider. Each parent with a child in my care has read the Health and Safety Requirements and our signatures on this form certify that I have met these requirements. My place of care meets or exceeds these requirements. I understand that I must be in compliance with all local fire and safety codes in order to receive child care payments from the Family Support Division. My local code requires a fire inspection and I have attached a copy of my current fire inspection certificate or report. My local fire district is _____ and my next inspection is due _____.• The provider certifies, by signing this agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. I agree that the department may pursue an audit of subsidy services when the initiation or outcome of an audit for other federal and state funding sources find overpayments or questionable business practices. I further agrees that the department has the authority to terminate this contract if the findings indicate abuse of funds.• If I care for more than ten children, I am compliant with the Department of Health and Senior Services/Section of Vaccine, Preventable and Tuberculosis Disease Elimination.• I understand that I may obtain a copy of this signed Registration Agreement Form from my local Family Support Division office.• I agree to submit payment issues through the Provider Payment Resolution process by completing a Resolution Request Form and submitting it to the Department of Social Services.• Each parent with a child in my care has read the Child Care Provider Direct Payment Agreement and our signatures certify that we will abide by these requirements. | | | |
| By signing this provider registration form, I certify that I am the provider of children in care and that the information given is true and correct upon penalty of losing registered provider status, payments from the Department of social Services, and legal action brought by the State of Missouri against me for fraudulent statements, records, or business practices. | | | |
| Provider Signature: _____ | | Date: _____ | |
| By signing this form, I certify that the above statements are true and that my child's caregiver meets or exceeds the qualifications, upon penalty of investigation and loss of my child care benefits. I understand that payments to this provider are made on my behalf as a benefit to my family. | | | |
| Parent Signature: _____ | | Date: _____ | |

FA-350 (12/05)

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 3.1.1(4)

TIPS ON HEALTH AND SAFETY FOR THE CHILD CARE PROVIDER

The Missouri Department of Social Services, Family Support Division, administers the State's Child Care Assistance programs and is responsible for furnishing health and safety information to registered child care homes and centers.

The purpose of this information is to acquaint providers with current health and safety measures to ensure the health and well-being of children while in care.

All of the following applies to both child care homes and centers. The information with an asterisk (*) is only for child care centers.

General Safety (Indoors/Outdoors)

- Make sure furniture and equipment is in good condition.
- Make sure all areas are properly lighted.
- Keep all electrical outlets covered.
- Keep medicine and cleaning supplies in locked cabinets out of the reach of children.
- Make sure open windows and doors are secured with barriers in place to prevent children from falling against windows or from window openings. Mark glass doors to avoid accidental impact.
- Provide safety gates at stairways.
- *Make sure the following staff ratios are used as a guide in determining if there is adequate staff available for supervision:
 - Infants (0 to 2 yrs) - one adult to 4 children
 - Toddlers (age 2) - one adult to 8 children
 - Preschool (ages 3 and 4) - one adult to 10 children
 - School age (age 5 and up) - one adult to 16 children
- Make sure play equipment is safe and in good repair.
- Make sure there is a sufficient number of adults on the premises to allow for adequate supervision both indoors and outdoors.
- If swimming or wading pools are constructed, make sure they are maintained, and used in such a manner to safeguard the lives and health of children.

Sanitation

- Provide a clean and sanitary bathroom, kitchen, and child activity area. Make sure food is thoroughly cooked. Practice good hygiene, for example, washing hands before preparing food or eating or after using the toilet, or changing diapers, as well as stressing the importance of these habits to the children. Empty trash on a regular basis.

Fire Safety

- Make sure you have a working smoke alarm and a fire extinguisher, type **2A10BC** (two pound) which is checked and serviced on a regular basis.
- *If a large center, make sure you have a sprinkler system. Keep trash and papers, as well as flammable liquids, away from heat sources.
- Make sure furnaces, wood stoves, heaters, and radiators are serviced on a regular basis.
- Post exit routes and hold periodic drills on what to do in case of an emergency.

Health

- Keep immunization records on each child, as all children should be immunized.
- It would be helpful to you to be trained in CPR.
- Keep the names of each child's personal physician on file as well as a letter signed by the parent authorizing emergency medical care in the event of an accident. Also, keep a list of who to contact in case of an emergency.
- Have a set procedure to follow when dealing with children who become ill during hours of care.
- Request written instructions from the parent if medication must be dispensed to a child during hours of care.
- *Allow smoking only in designated areas.
- Obtain information from the Health Department regarding infectious diseases. They have excellent pamphlets available on symptoms and precautions to take in the event a child becomes ill.
- Make sure the child care home or center is dry and well heated.

Benefits of Becoming a Licensed Home or Center

Licensed Providers:

- Are eligible for USDA Supplemental Food Program.
- May contract with the state to be paid directly for services provided.
- May be eligible to receive grants for minor remodeling, supplies, equipment, and other quality improvements.
- May receive training on child care related issues at no cost or at reduced costs.
- If you are interested in becoming a licensed Child Care Home or Center, and would like further information, please contact:

PLAN FOR CCDF SERVICES IN: Missouri
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 3.1.1(5)

| | | |
|---|--|--------------------|
| CHILD CARE PROVIDER HEALTH AND SAFETY CERTIFICATION | | DVN: _____ |
| In order to receive payments from the Family Support Division and the Child Care and Development Block Grant, the child care provider is required to comply with the health and safety requirements outlined in this notice. | | |
| CHILD CARE HEALTH AND IMMUNIZATIONS | | |
| Missouri Law 210.003 requires child care providers caring for ten (10) or more children to obtain from the family verification that the child has been immunized against certain infectious diseases. Missouri law also requires school-age children to be properly immunized before entering school. Please become familiar with the following: | | |
| <ul style="list-style-type: none">• IF YOU CARE FOR TEN (10) OR MORE CHILDREN:<ul style="list-style-type: none">• The Department of Health requires you to file a yearly summary report no later than January 15 of each year.• Attach a copy of this immunization summary report to this Health and Safety Certification.• If you did not file an immunization summary report, contact the Missouri Department of Health/Section of Vaccine-Preventable and Tuberculosis Disease Elimination, P.O. Box 570, Jefferson City, MO 65102. (573) 751-6133.• IF YOU CARE FOR LESS THAN TEN (10) CHILDREN:<ul style="list-style-type: none">• Review the pamphlet provided by the Family Support Division regarding prevention and control of infectious diseases.• Refer families to their family practitioner or the local public health department when a child is in need of immunizations. | | |
| FIRE AND SAFETY REQUIREMENTS | | |
| In order to receive child care payments from the Family Support Division, you must be in compliance with all local Fire and Safety Codes. | | |
| <ul style="list-style-type: none">• IF YOUR LOCAL CODE REQUIRES YOU TO HAVE A FIRE INSPECTION FOR YOUR FACILITY OR FOR YOUR HOME, IF YOU PROVIDE CHILD CARE SERVICES IN YOUR HOME, YOU MUST:<ul style="list-style-type: none">• Attach a copy of the local fire inspection certificate or report.• Tell us the name of your local fire district: _____ and date next inspection due: _____• IF YOU LIVE IN AN AREA THAT HAS NO LOCAL FIRE CODES, YOU MUST MEET THE FOLLOWING REQUIREMENTS:<ul style="list-style-type: none">• Develop a fire evacuation plan.• Post your written fire evacuation plan in a visible location in your facility.• Have at least one (1) working smoke alarm.• Have at least one (1) working dry chemical fire extinguisher that:<ul style="list-style-type: none">• Is easily accessible,• Meets minimum classifications with a code of 1A10BC, if you care for less than ten (10) children, or,• Meets minimum classifications with a code of 2A10BC, if you care for more than ten (10) children. | | |
| COMPLAINTS AGAINST CHILD CARE PROVIDERS | | |
| <ul style="list-style-type: none">• THE FAMILY SUPPORT DIVISION INVESTIGATES COMPLAINTS AGAINST PROVIDERS THAT DO NOT FOLLOW THE HEALTH AND SAFETY REQUIREMENTS.• THE FAMILY SUPPORT DIVISION ENDS PAYMENTS TO CHILD CARE PROVIDERS WHO DO NOT FOLLOW THE HEALTH AND SAFETY REQUIREMENTS. | | |
| CHILD CARE PROVIDER CERTIFICATION | | |
| <ul style="list-style-type: none">• BY SIGNING THIS FORM, I CERTIFY THAT:<ul style="list-style-type: none">• I am committed to providing a healthy and safe environment for the children in my care.• I have complied with the Health and Safety Requirements as listed above.• I have provided proof that I have complied with these health and safety requirements to the families with children in my care.• Payments from the Family Support Division may end if I do not follow the above Health and Safety Requirements.• I have been tested for Tuberculosis (TB).• I have immediate access to a telephone, or have notified the parent(s) that I do not have immediate access to a telephone.• I have completed the child care provider background screening form to check for child abuse/neglect, criminal conviction, foster care license revocation and child care license revocation. All household members over the age of 17 have also completed the background screening. | | |
| PROVIDER SIGNATURE: _____ | | DATE: _____ |
| PARENT CERTIFICATION | | |
| <ul style="list-style-type: none">• BY SIGNING THIS FORM, I CERTIFY THAT:<ul style="list-style-type: none">• I agree that the above statements are true and my child's caregiver meets the Health and Safety Requirements as outlined in this form. | | |
| PARENT SIGNATURE: _____ | | DATE: _____ |
| IF YOU HAVE ANY QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT OUR OFFICE AT: | | |

Attachment 3.1.1 (6)

CHILD CARE INVOICING AND PAYMENT INFORMATION

KEEP THIS FORM. REFER TO IT FOR INFORMATION ABOUT INVOICING, PAYMENT AND RECORD-KEEPING.

This is the Child Care Provider Payment Agreement Information form. It outlines your requirements to do business with the Department of Social Services (DSS) as a Registered Child Care Provider. In order to have your provider eligibility determined and receive payment, you and the subsidy eligible parent must sign and return the first page of the registration documents, Child Care Provider Registration Application and Agreement form. By signing the Child Care Provider Registration Application and Agreement form, you certify that you will abide by the payment procedures and requirements set forth by DSS, which are outlined in this document.

GENERAL INFORMATION: Once you are approved as a Registered Child Care Provider, children in your care must be approved by DSS, in writing before a payment shall be issued to you. DSS issues payments after the service month ends. When you accept a child into care, you must keep daily attendance records on which the parent signs the child in and out of care every day that child is in your care for each service month. Daily attendance record forms are available at your local DSS office. You will receive a 'Child Authorization' notice informing you of the number of units (days) per month, the child's sliding fee, if care is approved during the daytime or for evenings/evenings weekends and how much care per day is approved (full-time, part-time, or half-time). **Keep the child authorization notices that you receive from DSS.** After the child is authorized to you, you will receive a monthly billing invoice from DSS. Use your daily attendance records to complete your invoice. Submit your invoice and a copy of the attendance records for that service month. If you complete your invoice on the Internet, you must continue to keep daily attendance records and make them available to DSS upon request. DSS does not pay for any days of care after the child has left care. DSS may withhold payment for any services or require repayment from the provider if any part of the requirements are not met, or, where payments are received in error, by fraud, or forgery. By January 31 of each year, DSS reports child care payments to the IRS and sends IRS-1099-Misc forms to all child care providers reporting child care payments made during the previous tax year. Use this as verification of income you received as an individual or business to file your state and federal tax returns, if required to do so. DSS does not withhold any taxes from your child care payment. DSS cooperates with state and federal entities when judgments, levies, and garnishments to child care payments are ordered.

SERVICE MONTH: The service month is the month of care. Invoices and payments are issued by service month.

DAILY ATTENDANCE RECORDS: Keep and maintain adequate, legible, genuine, and complete records of each child in your care. You must make these records available to the Department or its designated representatives for up to five years after the child has left your care. You must make attendance forms available for each parent/guardian to sign their child in and out of care every day that they are in care. You and the parent must sign the form before it is submitted to DSS with your invoice. DSS shall not make payment when child attendance is not verified. If you submit your invoices to DSS through the Internet, you must make your attendance records available for review immediately upon request. You may be liable to repay any money you received if you do not keep adequate records to verify child attendance.

CHILD AUTHORIZATION: Care is approved based on the family's eligibility. Once the child is approved for services at your business, an authorization letter is mailed to you and to the family. This letter reports to you the child's approved begin and end date of subsidy care, the child's sliding fee, the level of care (full-time, half-time, or part-time,) the number of days per month, and time of day (daytime/evening-weekend) care occurs. This authorization is based on the family's eligibility. DSS shall pay for care as indicated by the child's authorization. You may collect the charges from the family for care that you provide outside of the child's authorization. If changes occur, you will receive a new child authorization letter notifying you of the changes in service for which the child is authorized. The information on the child authorization letter is also on your invoice.

SLIDING FEE: Most families are required to pay a portion of their child's care as determined by DSS. This fee is deducted from the reimbursed rate, which is shown on the invoice. It is your responsibility to collect the child's sliding fee from the family on a monthly basis. No sliding fee is assessed for children with Special Needs or Protective Services children, including Alternative/Foster Care.

LEVEL OF CARE: This is the amount of daily care approved. Daily care is paid in blocks of time: part-time, half-time or full-time. Part-time care is one half hour up to three hours per day, half-time care is three hours up to five hours, and full-time care is five hours up to ten hours of care.

TIME OF DAY: DSS determines the time designations of care for payment purposes. Care is paid at the daytime rate when care is approved during the hours of 6:00 a.m. to 7:00p.m. Care is paid at the evening/weekend rate when care is approved during the hours of 7:00 p.m. to 6:00 a.m. during Monday through Friday and on the weekends from 6:00 a.m. Saturday to 7:00p.m. Sunday.

INVOICING: The names of children approved for payment by DSS are printed on your monthly billing invoice that is mailed to you. You agree to complete billing invoices on a monthly basis and receive payment for services on behalf of eligible families. You also agree to submit billing invoices within sixty (60) days from the end of the service month.

PAYMENT: DSS pays providers up to the geographic state maximum rates for your area minus the child's daily sliding fee that the family may be required to pay (see reverse side). Maximum payment rates are based on the age of the child, the hours the child needs care, the type of facility you operate, and the county in which your child care facility is located. If you provide care outside of Missouri, rates are determined by the Missouri county of residency/custody of the child. If you charge less than the state maximum, you will receive payment based on the rate you actually charge. You will be paid at the rate shown on the State Maximum Rate Chart or the amount you actually charge for care, whichever is less, minus any sliding payment from the parent/guardian. If you charge more than the state maximum payment, it will be your responsibility to collect this extra payment with the family. You may not charge more for DSS care than you do for parent/private pay care. DSS does not guarantee any amount of business to the provider, does not solicit business on behalf of the provider or release the provider's business as a recommendation of care.

ABSENCES AND HOLIDAYS: An absence is a day of care that the child is approved for care but does not attend. A holiday is a day of the week that you normally operate but were closed due to a nationally recognized holiday, state holiday, or, personal reason such as your family vacation. You may choose any of the eleven recognized holidays or eleven different dates throughout the state fiscal year of July 1 to June 30. DSS pays up to five days per month, which may be a combination of absences and holidays, where the child is not in attendance. Child authorizations of 20 or more units per month may be eligible for the maximum of five absences or holidays per service month. Child

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

authorizations of 5 up to 19 units per month may be eligible for a maximum of three absences or holidays per month. **DSS does not pay absences or holidays after the child left your care.**


OTHER FEES: DSS makes direct payment for child care services. The co-payment is the difference between the rate that you charge and the state maximum. It is your responsibility to collect this from the parent/guardian. Protective Services/Alternative Care families may not be charged a co-payment. DSS shall not pay you or reimburse the parent/guardian for co-payments, tuition, special activity fees, late pickup fees, enrollment fees, or other costs.

BILLING INQUIRIES: Report payment issues by completing a Child Care Provider Payment Resolution Request Form, which is available at your local DSS office or on the internet at www.dss.mo.gov/pr_cs.htm

FA-352 (03/06)

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 3.1.1 (7)

| | | | |
|---|---|--|--------------------------|
|  | MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES FAMILY CARE SAFETY REGISTRY DEPARTMENT OF SOCIAL SERVICES CHILD CARE CHILD CARE PROVIDER REGISTRATION BACKGROUND SCREENING | AGENCY USE | |
| 1.1 IMPORTANT - PROVIDER AND EVERYONE IN THE PROVIDER'S HOUSEHOLD 17 YEARS OF AGE AND OLDER MUST EACH COMPLETE AND SUBMIT THEIR OWN COPY OF THIS FORM ***DO NOT REGISTER MORE THAN ONE PERSON PER FORM. | | | |
| SECTION A: ENTER THE NAME OF THE DSS REGISTERED CHILD CARE PROVIDER (TYPE OR PRINT CLEARLY) | | | |
| | | | |
| SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING (TYPE OR PRINT CLEARLY) | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | MAIDEN NAME |
| PRIOR NAMES USED | | | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | TELEPHONE NO. (optional) |
| HOME ADDRESS | | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| MAILING ADDRESS (if different than home address) | | | |
| STREET OR POST OFFICE BOX | CITY | STATE | ZIP CODE |
| SECTION C: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION | | | |
| The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services to obtain any and all background information authorized by section 210.900 to 210.936, RSMo., to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry and any related background information contained in the Family Care Safety Registry to the requestor for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the Family Care Safety Registry, "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child-care, elder-care or personal care setting. I understand that if I dispute the information contained in the Family Care Safety Registry, I have the right to appeal the accuracy in the transfer of information to the Registry within thirty (30) days of receiving the results of the background screening determination. | | | |
| SIGNATURE OF APPLICANT (REQUIRED IN INK) | | DATE | |
| SECTION D: REQUEST FOR PROVIDER OR HOUSEHOLD MEMBER BACKGROUND CHECK INFORMATION | | | |
| I certify that my request for background information on the individual identified in Section B of this form is for employment purposes only. For purposes of the Family Care Safety Registry (FCSR), "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child-care, elder-care or personal care setting. In the event that the background screening performed upon the individual identified in Section B of this form indicates that there is information identified in any of the sources checked by the FCSR, I request that the specific information related to this finding be provided to me. I have read and understand the following: 1) FCSR information provided consists only of information relative to the State of Missouri and does not include information from other states or information that may be available from other states; 2) any person who uses the information obtained from the FCSR for any purpose other than that specifically provided for in sections 210.900 to 210.936, RSMo., is guilty of a Class B misdemeanor, and 3) when any FCSR information is disclosed the Department of Health and Senior Services will notify the registrant of the name and address of the individual making the request. | | | |
| AUTHORIZED SIGNATURE EARLY CHILDHOOD AND PREVENTION SERVICES (Authorized Signature on File) | | | |
| Return To: | | | |
| IMPORTANT <ul style="list-style-type: none"> Individuals are required to register one-time only; Contact 1-866-422-6872 if you have questions on how to complete this form; Read back of form for instructions and important information; Send Completed registration form, a copy of social security card and, for those required, a \$9.00 check or money order made payable to: | | | |

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

Missouri Department of Health and Senior Services
ATTN – Fee Receipts Units
P.O. Box 570
Jefferson City, MO 65102

PLAN FOR CCDF SERVICES IN: [Missouri]
FOR THE PERIOD 10/1/09 – 9/30/11

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services, provides families and other employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child-care, elder-care and personal care workers and child-care providers:

1. State criminal history information maintained by the Missouri State Highway Patrol
2. Sex Offender Registry information maintained by the Missouri State Highway Patrol
3. Child abuse/neglect records, maintained by the Department of Social Services
4. The Employee Disqualifications List, maintained by the Department of Health and Senior Services
5. The Employee Disqualification Registry, maintained by the Department of Mental Health
6. Child-care facility licensing records, maintained by the Department of Health and Senior Services
7. Foster parent, residential care facility, and child placing agency licensing records, maintained by Department of Social Services
8. Residential living facility and nursing home licensing records, maintained by the Department of Health and Senior Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child-care worker or elder-care worker, as defined in §210.900, subsection 2, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. An individual is required to register only one time. **Such person who fails to submit a completed registration form to the Department of Health and Senior Services without good cause, as determined by the department, is guilty of a class B misdemeanor.**

HOW DO I COMPLETE THE REGISTRATION FORM?

Section A: Provider Name – List the name of the Department of Social Services registered child care provider.

Section B: Provider and Household Member - List your full name, social security number, and date of birth. The provider, and every member of the household 17 years of age and older, must complete and submit a separate DEPARTMENT OF SOCIAL SERVICES CHILD CARE PROVIDER REGISTRATION BACKGROUND SCREENING REQUEST.

Section C: Authorization to Release Background Check Information – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requestors for "employment purposes", as provided in §210.921.1, RSMo.

Section D: Request for Provider or Household Member Background Screening Information – Per §210.903.2, RSMo "employment purposes" includes "screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child-care"... "setting." The Early Childhood and Prevention Services Section has a signature on file with the Family Care Safety Registry. This signature certifies that the request for background information is for employment purposes only. The requestor understands that the information provided is relative to the state of Missouri only and does not include any other information on file with another state, that the registrant will be notified in writing that a request has been received and requestor's name and information provided to the employer identified in this section, and that any person who misuses the information is guilty of a class B misdemeanor including the specific background screening information.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form, photocopy of social security card and \$9.00 check or money order made payable to FOR EACH FORM SUBMITTED to the Missouri Department of Health and Senior Services, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO, 65102. If you have questions about this form or the Family Care Safety Registry, please call the Registry using the toll-free telephone number, 1-866-422-6872. If you have questions about registration with the Department of Social Services in order to receive payment for services provided to families receiving child care assistance, contact the Early Childhood and Prevention Services Section at 573--522-1385.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND CHECK?

After the background screening has been completed, you will be notified, in writing, of the results that will be recorded in the Family Care Safety Registry. You will also be notified, in writing, each time you become the subject of an inquiry to the registry and a subsequent updated background check. The notification will contain the name and address of the person who made the inquiry and the background information disclosed. The person requesting background information will be informed that information will be released for employment purposes only as defined pursuant to §210.921, subsection 1, RSMo. **Any person using registry information for any other purpose is guilty of a class B misdemeanor.** Prior to disclosing information, the Registry obtains the name and address of the person calling, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the FCSR when you have a change in mailing address. Send address changes to FCSR, P.O. Box 570, Jefferson City, MO 65102. State agencies can request information for licensure or regulatory purposes. Child care providers applying for registration for subsidy payments fall into this category. They are self-employed, and have applied to enter into a payment agreement with the Department of Social Services. This information is also reported to the Internal Revenue Service (IRS). Contact the IRS at 1-800-829-1040 for answers to your tax related questions.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND CHECK?

Pursuant to §210.912, RSMo, you have the right to appeal the information transferred onto the Family Care Safety Registry. Your right to appeal is limited only to the accuracy in the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal needs to be filed in writing at the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. A FCSR worker will confirm whether the person in question is registered. If the person is registered, the FCSR will then disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one. Specific information will be disclosed by the FCSR to agencies licensed by the state of Missouri by phone, fax or mail. FCSR applications for the purposes of registration for a payment agreement with the Department of Social Services, will generate detailed information directly to Early Childhood and Prevention Services Section.



State of Missouri
Department of Social Services

Dear Applicant:

House Bill 1453 and Senate Bill 762, passed in the 2004 legislative session, requires any family home child care provider who wishes to register for subsidy reimbursement to submit fingerprints to the Missouri State Highway Patrol. The fingerprints will be used to screen for criminal history with the Missouri State Highway Patrol and with the Federal Bureau of Investigation.

Your eligibility as a registered child care provider is not determined until all screening results are received and evaluated.

Fingerprinting is done by MOAPS (Missouri Applicant Processing Services). MOAPS contracts with the Highway Patrol to submit electronic fingerprints. You must contact MOAPS to schedule an appointment to be fingerprinted. You may make an appointment by telephone at 1-866-522-7067 or on the Internet on the MOAPS website at www.ibtfingerprint.com. Detailed instructions for scheduling your fingerprinting appointment are on the reverse side of this letter.

The cost for processing your fingerprint is \$20.00 for the Missouri Highway Patrol, \$19.95 for the FBI screenings and \$12.95 for the MOAPS processing fee, for a total of \$52.20. You must pay at the time you schedule your appointment on the Internet or pay at the time you are fingerprinted if scheduling an appointment by telephone. **Cash is not accepted.** Payment is accepted by personal check, bank check, money order, credit or debit card. Make Money Orders and Checks payable to **MOAPS**.

This letter informs the fingerprint technician what agency has requested the fingerprints, so that they may gather the correct supplemental information and ensure the results are sent to the proper agency.

Thank you for your cooperation in this matter.

Sincerely,

Department of Social Services
Early Childhood and Prevention Services Section
Child Care Provider Relations Unit
Jefferson City, MO 65103

INSTRUCTIONS FOR SCHEDULING YOUR FINGERPRINTING APPOINTMENT

- Fill in the boxes below before calling MOAPS or making your fingerprinting appointment on the Internet.
- Schedule your appointment with MOAPS by telephone at 1-866-522-7067 (toll-free) or schedule your appointment online at www.ibtfingerprint.com
- Inform MOAPS that you are being fingerprinted because you are applying to be paid as an Early Childhood/In-Home Daycare.
- You will be asked to provide this identifying information about yourself.
- ABOUT YOUR APPOINTMENT:
 - Take two forms of government issued identification with you. One must be a photo ID card. Government issued ID may include a Driver's License, a Non-Driver Photo ID, Social Security Card, Military ID, Birth Certificate, or, Passport.
 - Take this letter and your payment of \$52.20 with you to your fingerprinting appointment.
 - If you scheduled your appointment on the Internet you already submitted your payment, take this letter with you to your appointment.

FILL IN YOUR INFORMATION:

| | |
|---|-----------|
| AGENCY NUMBER/ORI | MO920400Z |
| OCA NUMBER (To obtain this number, report the county name and address of the Family Support Division Office where you reside) | |
| YOUR NAME | |
| SSN | |
| MILITARY ID # | |
| DATE OF BIRTH | |
| HEIGHT | |
| WEIGHT | |
| EYE COLOR | |
| HAIR COLOR | |
| RACE | |
| SEX | |

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 3.2.1.

The restructure of the rates includes a interactive map of Missouri which displaces specific for each county of the state. Go to <https://dssapp.dss.mo.gov/ccrate/>.

Attachment 3.2.3(1)

CHILD CARE MARKET RATE SURVEY

1. Which type(s) of child care do you provide? (Circle all that apply.)
 - A. Full-day care (5 or more hours per day)
 - B. Half-day care (at least 3 hours, but less than 5 hours per day)
 - C. Part-day care (at least 30 minutes, but less than 3 hours per day)
2. Indicate below the **DAILY** rate that you charge parents for **ONE** child before multi-child discounts are applied. For this question and question number four, show the amount you would normally charge for a child who does **NOT** receive state subsidy. Do **NOT** include enhancement payments you receive from the state for accreditation, disproportionate share, or special needs. **(If you charge by the week, divide by 5 to obtain the daily rate. If you charge by the month, divide by 22 to obtain the daily rate. If you charge by the hour, multiply the hourly rate by the number of hours per day that care is provided.)**

Enter rates only for the type or types of care you provide.

REGULAR DAYTIME RATES

| | Number of children enrolled by age group | Full-Day Rate per Child (5 or more hours) | Half-Day Rate per Child (3-5 hours) | Part-Day Rate per Child (less than 3 hours) |
|-----------------------------------|--|---|---|---|
| Infant/Toddler (under 2 years) | | | | |
| Preschool (2 to 5 years) | | | | |
| School Age (5 years & over) | | | | |

3. Do you provide evening or weekend care? A. Yes B. No
4. If you answered “yes” to question 3, please report your rates below, following the directions for question 2.

EVENING/WEEKEND RATES

| | Number of children enrolled by age group | Full-Day Rate per Child (5 or more hours) | Half-Day Rate per Child (3-5 hours) | Part-Day Rate per Child (less than 3 hours) |
|-----------------------------------|--|---|---|--|
| Infant/Toddler (under 2 years) | | | | |
| Preschool (2 to 5 years) | | | | |
| School Age (5 years & over) | | | | |

5. Where do you provide child care? (Circle only one.)
 - A. My Residence
 - B. Church-based Facility
 - C. School-based Facility
 - D. Child Care Center
 - E. Other Location
6. Do you give discounts for caring for more than one child in the family?
 - A. Yes
 - B. No

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

7. Are you accredited by a nationally-recognized accrediting organization?

A. Yes

B. No

8. Do you have any staff or partners that assist you on a regular basis?

A. Yes

B. No

9. What is the average salary at your facility for the following positions? (Use the following definitions for guidance since actual job titles you use may be different.)

- Executive Director is responsible for program administration, planning, development, and may be responsible for the management of more than one child care facility.
- Program Director, Assistant Director, Supervisor/Manager/Site Coordinator position is responsible for day-to-day on-site operation of the program, including program administration, planning, development and curriculum.
- Group- or Family-Home Owner/Director is responsible for every aspect of the program, including: program administration, planning the learning environment and curriculum, documenting child observations and assessments, partnering with families and community members and organizations, and educating children/youth.
- Lead/Head Teacher or Co-Teacher is responsible for a child or group of children/youth, documents child/youth observations and assessments, and works with families and community partners. May be responsible for some management, curriculum & planning tasks and/or assumes charge if a director is temporarily absent from the center/program.
- Assistant Teacher supports lead teacher in carrying out the program's learning environment and curriculum; also in charge of a child or a group of children/youth.
- Teacher's Aide supports lead teacher in carrying out the program's learning environment and curriculum.

Center and Group Home

(Circle one)

A. Executive Director \$ _____ per Hour per Week per Month

B. Program/Asst. Director,
Sup./Mgr./Site Coordinator \$ _____ per Hour per Week per Month

C. Group Home
Owner/Director, \$ _____ per Hour per Week per Month

D. Lead Teacher \$ _____ per Hour per Week per Month

E. Asst. Teacher \$ _____ per Hour per Week per Month

F. Teacher's Aide \$ _____ per Hour per Week per Month

Family Home

A. Owner/Director \$ _____ per Hour per Week per Month

B. Assistant Teacher \$ _____ per Hour per Week per Month

C. Teacher's Aide \$ _____ per Hour per Week per Month

10. Do you accept subsidy payments from the state?

A. Yes

B. No

PLAN FOR CCDF SERVICES IN: Missouri
FOR THE PERIOD 10/1/09 – 9/30/11

11. Is your subsidy payment from the state deposited directly into your bank account?

A. Yes

B. No

(If you answered "no" to the above question, please complete question 12. If you answered "yes" to the above question, please skip to question 13.)

12. Why do you not use direct deposit?

A. I was not aware direct deposit is an option.

B. I was interested in direct deposit, but didn't know how to get it started.

C. I do not have a checking or savings account.

D. Other (please describe) _____

13. Do you submit your monthly attendance on line through the Child Care Online Invoicing System?

A. Yes

B. No

(If you answered "no" to the above question, please complete question 14. If you answered "yes" to the above question, please skip to question 15.)

14. Why do you not use the Child Care Online Invoicing System? (Circle all that apply)

A. I was not aware online invoicing is an option.

B. I was aware of online invoicing, but do not know how to use it.

C. I do not have access to the Internet.

D. Other (please describe) _____

15. Have you ever called the Family Support Division Information Line (1-800-392-1261)?

A. Yes

B. No

(If you answered "yes" to the above question, please complete questions 16 and 17. If you answered "no" to the above question, please skip to question 18.)

16. Was the Info Line easy to use?

A. Yes

B. No

17. Was the Info Line helpful?

A. Yes

B. No

18. If you answered "no" to question 16 or 17, please explain.

19. Do you have any suggestions for ways in which the Department of Social Services could serve you better?

Thank you very much for your participation in this survey.

Attachment 3.2.3(2)

A summary of Missouri's Market Rate Survey may be accessed at
http://www.dss.mo.gov/pr_cs.htm.

Attachment 3.2.3(3)

MARKET RATE SURVEY METHODOLOGY

The Purpose

The United States Department of Health and Human Services requires state agencies that administer Childcare Block Grant Funds to collect information on childcare market rates. To meet this requirement, the Research and Evaluation Unit of the Missouri Department of Social Services, on behalf of the Early Childhood and Prevention Services Section of the Children's Division, conducts a survey biannually that contains information about rates, as well as subsidized payment issues and other statistics.

The Sample

The Missouri Department of Health and Senior Services, which is responsible for licensing childcare facilities, provided a list of all licensed facilities. In August 2008, surveys were mailed to 3,827 licensed providers. Fifty-eight (58) were returned as undeliverable. A total of 1,460 surveys were returned, for a return rate of 38%. Of the 1,460 returned, 1,456 (99.7%) were usable. Four (4) could not be used for various reasons: Two were Head Start centers, and two were invalid for other reasons.

The Survey

The survey sent to the childcare providers covered the following topics:

- the location where care is provided; i.e., private residence, church, school, or commercial facility;
- rates charged for care differentiated by age groups (Infant, Preschool, and School Age), type of facility (Family, Group, or Center), category (full-day, half-day, or part-day), and whether care was provided during daytime/weekday hours or evening/weekend hours;
- the number of children cared for in each age group, type of facility, and category;
- whether the provider offers discounts for multiple children in a family;
- whether or not the provider is accredited;
- whether or not the provider accepts state subsidy payments;
- employees and their salaries; and
- performance of the Department of Social Services with respect to prompt and accurate payment for children receiving state subsidy.

Data Cleansing

Providers were asked to report rates in full-day, half-day, and part-day increments. Providers were also given instructions for converting weekly and monthly rates to daily rates. In spite of this, many providers still reported hourly, weekly, or monthly, rather than daily,

rates. Whenever possible these were converted to a daily format by dividing weekly rates by five and monthly rates by 22. Rates derived in this manner were checked for reasonableness in light of the type of care provided and the area of the state in which the care was provided. Hourly rates proved nearly impossible to convert because it is not known how many hours a child would be in care. For instance, full-day care could be anywhere from five to ten hours. Therefore, hourly rates were generally coded as missing data.

Type of Facility

Facilities were divided into three groups depending on the number of children receiving care.

- Centers serve 20 or more children.
- Group homes generally serve between 10 and 20 children.
- Family homes serve fewer than 10 children.

Where possible the classification was determined by matching the facility information to Department of Health and Senior Services files. When this was not possible, the number of children served, as reported by the provider in the survey, determined the type.

Determining Market Rates

Surveys returned with no rate for a given category of care had no influence on calculating rate information for that type of care. Because of this, the total number of surveys for each type of care and classification varies depending on the number of providers that reported a rate for that type of care.

Caution should be used in interpreting results where there are few responses in a given geographical area or for a certain type of care. This is especially true with respect to Group Homes. Also, keep in mind that voluntary participation introduces the potential for self-selection bias. With respect to this particular survey, providers charging more than DSS rates may have a perceived incentive to return the survey in the hope of influencing state paid rates. Providers charging below or close to the DSS rates may be more satisfied and, therefore, have less incentive to respond. In addition, only licensed providers were surveyed. It is uncertain how the inclusion of unlicensed providers may have affected the results.

Attachment 3.2.5

Department of Social Services Day Care Base Rates with Disproportionate Share Enhancement

The department encourages providers to accept subsidized children through a disproportionate share add-on. The table below reflects the department base rate with the disproportionate share add-on. These rates are then compared to the most recent child care market rate survey (2008-2009).

| Daytime Infant Care Rates Compared to DSS Base Rates with Disproportionate Share Add-On | | | | | | | |
|---|-------------------------------------|---|-----------------------------|------------------------------------|-----------------|--|--|
| AREA | Full-Time Daytime Infant Care Rates | | | | | DSS Base Rate with 30% Disproportionate Share Add-On | Percentile for DSS Base Rate with 30% with Disproportionate Share Add-On |
| | Type of Care | Number of Providers Responding/Surveyed | 75th Percentile Rate Amount | Which Equates to a Monthly Rate of | Range Reported | | |
| METRO | CENTER | 278/1259 | \$43.00 | \$946.00 | \$9.75-\$180.00 | \$35.15 | 49 |
| | FAMILY | 224/835 | \$28.00 | \$616.00 | \$3.00-\$100.00 | \$20.48 | 35 |
| | GROUP | 15/45 | \$30.00 | \$660.00 | \$15.75-\$30.00 | \$25.94 | 46 |
| SUB-METRO | CENTER | 19/119 | \$32.00 | \$704.00 | \$22.05-\$40.20 | \$24.51 | 18 |
| | FAMILY | 32/82 | \$24.50 | \$539.00 | \$15.00-\$34.00 | \$17.75 | 42 |
| | GROUP | 5/12 | \$27.00 | \$594.00 | \$22.00-\$30.00 | \$17.75 | 0 |
| REST OF STATE | CENTER | 109/650 | \$27.00 | \$594.00 | \$12.00-\$52.00 | \$19.11 | 23 |
| | FAMILY | 285/695 | \$18.00 | \$396.00 | \$8.00-\$75.00 | \$13.65 | 27 |
| | GROUP | 44/130 | \$20.00 | \$440.00 | \$12.00-\$28.00 | \$16.38 | 32 |

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

| Daytime Preschool Care Rates Compared to DSS Base Rates with Disproportionate Share Add-On | | | | | | | |
|--|--|---|-----------------------------|------------------------------------|-----------------|--|--|
| AREA | Full-Time Daytime Preschool Care Rates | | | | | DSS Base Rate with 30% Disproportionate Share Add-On | Percentile for DSS Base Rate with 30% with Disproportionate Share Add-On |
| | Type of Care | Number of Providers Responding/Surveyed | 75th Percentile Rate Amount | Which Equates to a Monthly Rate of | Range Reported | | |
| COLUMBIA | CENTER | 21/69 | \$34.40 | \$756.80 | \$11.00-\$40.00 | \$20.89 | 14 |
| | FAMILY | 38/98 | \$25.00 | \$550.00 | \$15.00-\$30.00 | \$16.38 | 7 |
| | GROUP | 5/7 | \$25.00 | \$550.00 | \$19.00-\$26.00 | \$16.38 | 0 |
| JOPLIN | CENTER | 12/55 | \$23.50 | \$517.00 | \$16.00-\$25.00 | \$13.48 | 0 |
| | FAMILY | 17/48 | \$18.00 | \$396.00 | \$12.00-\$34.00 | \$12.29 | 19 |
| | GROUP | 5/10 | \$20.00 | \$440.00 | \$14.00-\$26.00 | \$12.29 | 55 |
| KANSAS CITY | CENTER | 105/302 | \$32.00 | \$704.00 | \$9.60-\$62.00 | \$20.48 | 6 |
| | FAMILY | 80/310 | \$25.00 | \$550.00 | \$10.00-\$33.00 | \$16.38 | 15 |
| | GROUP | 4/8 | \$26.00 | \$572.00 | \$15.75-\$27.00 | \$16.38 | 44 |
| SPRINGFIELD | CENTER | 38/128 | \$23.40 | \$514.80 | \$11.00-\$30.00 | \$16.38 | 9 |
| | FAMILY | 21/68 | \$20.00 | \$440.00 | \$12.00-\$26.00 | \$13.65 | 12 |
| | GROUP | 0/3 | \$0.00 | \$0.00 | N/A | \$13.65 | N/A |
| ST JOSEPH | CENTER | 10/39 | \$23.40 | \$514.80 | \$10.00-\$32.00 | \$17.00 | 18 |
| | FAMILY | 13/18 | \$19.00 | \$418.00 | \$13.00-\$22.00 | \$13.65 | 17 |
| | GROUP | 0/2 | \$0.00 | \$0.00 | N/A | \$13.65 | N/A |
| ST LOUIS | CENTER | 198/764 | \$35.60 | \$783.20 | \$8.56-\$66.00 | \$20.89 | 22 |
| | FAMILY | 84/363 | \$25.00 | \$550.00 | \$6.00-\$40.00 | \$17.75 | 31 |
| | GROUP | 10/24 | \$23.00 | \$506.00 | \$13.00-\$27.00 | \$17.75 | 40 |
| REST OF STATE | CENTER | 202/671 | \$20.00 | \$440.00 | \$4.00-\$40.00 | \$13.65 | 25 |
| | FAMILY | 299/707 | \$16.00 | \$352.00 | \$8.00-\$75.00 | \$11.95 | 16 |
| | GROUP | 56/133 | \$17.00 | \$374.00 | \$4.00-\$28.00 | \$11.95 | 12 |

| Daytime School-Aged Care Rates Compared to DSS Base Rates with Disproportionate Share Add-On | | | | | | | |
|--|--|---|-----------------------------|------------------------------------|-----------------|--|--|
| AREA | Full-Time Daytime School Aged Care Rates | | | | | DSS Base Rate with 30% Disproportionate Share Add-On | Percentile for DSS Base Rate with 30% with Disproportionate Share Add-On |
| | Type of Care | Number of Providers Responding/Surveyed | 75th Percentile Rate Amount | Which Equates to a Monthly Rate of | Range Reported | | |
| COLUMBIA | CENTER | 17/69 | \$32.60 | \$717.20 | \$12.00-\$36.60 | \$20.89 | 44 |
| | FAMILY | 23/98 | \$20.00 | \$440.00 | \$5.00-\$30.00 | \$16.38 | 50 |
| | GROUP | 3/7 | \$25.00 | \$550.00 | \$8.00-\$26.00 | \$16.38 | 30 |
| JOPLIN | CENTER | 7/55 | \$23.00 | \$506.00 | \$12.50-\$25.00 | \$14.74 | 21 |
| | FAMILY | 11/48 | \$15.00 | \$330.00 | \$6.00-\$18.00 | \$11.95 | 32 |
| | GROUP | 4/10 | \$22.00 | \$484.00 | \$14.00-\$26.00 | \$11.95 | 0 |
| KANSAS CITY | CENTER | 71/302 | \$28.00 | \$616.00 | \$9.40-\$110.00 | \$17.54 | 34 |
| | FAMILY | 53/310 | \$22.00 | \$484.00 | \$7.00-\$65.00 | \$13.65 | 36 |
| | GROUP | 4/8 | \$20.23 | \$444.95 | \$15.75-\$20.45 | \$13.65 | 0 |
| SPRINGFIELD | CENTER | 59/128 | \$17.00 | \$374.00 | \$5.00-\$27.00 | \$15.70 | 71 |
| | FAMILY | 12/68 | \$20.00 | \$440.00 | \$12.00-\$30.00 | \$13.65 | 17 |
| | GROUP | 0/3 | \$0.00 | \$0.00 | N/A | \$13.65 | Unknown |
| ST JOSEPH | CENTER | 5/39 | \$20.00 | \$440.00 | \$8.00-\$30.00 | \$15.56 | 38 |
| | FAMILY | 10/18 | \$17.00 | \$374.00 | \$3.00-\$22.00 | \$13.65 | 30 |
| | GROUP | 0/2 | \$0.00 | \$0.00 | N/A | \$13.65 | Unknown |
| ST LOUIS | CENTER | 185/764 | \$29.40 | \$646.80 | \$7.80-\$58.00 | \$20.48 | 52 |
| | FAMILY | 51/363 | \$20.00 | \$440.00 | \$5.00-\$75.00 | \$16.38 | 55 |
| | GROUP | 7/24 | \$20.00 | \$440.00 | \$9.60-\$27.00 | \$16.38 | 50 |
| REST OF STATE | CENTER | 133/671 | \$18.00 | \$396.00 | \$5.00-\$35.00 | \$12.55 | 20 |
| | FAMILY | 196/707 | \$15.00 | \$330.00 | \$2.00-\$65.00 | \$11.95 | 34 |
| | GROUP | 40/133 | \$17.00 | \$374.00 | \$7.00-\$28.00 | \$11.95 | 24 |

Attachment 3.3.2

1210.025.05.05 COMPUTING MONTHLY GROSS INCOME

'Monthly gross income' means the average monthly amount of total income received by all members of the family unit before deductions. This total gross income amount should include income from all sources including, but not limited to: wages, adjusted gross income from self-employment, adjusted gross income from farm income, social security, dividends, interest, etc.

1210.025.05.15 UNEARNED INCOME

Unearned income for all members of the family unit is considered in determining monthly gross income. (See Exclusions from Monthly Gross Income, [1210.025.10.](#))

NOTE: Temporary Assistance grants and Child Support payments are considered part of the family unit's gross income.

1210.025.05.20 IRREGULAR OR SPORADIC INCOME

If the household has been receiving irregular or sporadic earned or unearned income over a period of one (1) year or more, divide the income received over the last twelve (12) months by twelve (12) to arrive at a monthly amount.

If the household has been receiving irregular or sporadic earned or unearned income for a period of less than one (1) year, average the amount of income during this period.

If the family's current income shows a substantial increase or decrease, a representative period of the irregular or sporadic income should be used to determine the average monthly amount. During the authorized child care eligibility period, it is the household's responsibility to inform FSD of changes in income.

1210.025.05.25 INCOME FROM SELF-EMPLOYMENT

For self-employed households, income is computed as follows:

1. If the participant has been self-employed for one (1) year or more, divide the income received over the last 12 months by 12 to arrive at a monthly amount.
2. If the participant has been self-employed for less than one (1) year, average the amount of self-employed income over the period of time the business has been in operation to arrive at a monthly amount.

3. If the current monthly amount does not reflect the household's normal monthly income because of a substantial increase or decrease in business, use a representative period of earnings to determine the household's average monthly earnings.

1210.025.05.30 DEDUCTIONS FROM SELF-EMPLOYMENT INCOME

Consider and subtract the following overhead expenses from the gross income to arrive at an Adjusted Gross Income for self- employed households.

1. **BOARDERS - Food** - allow the monthly Food Stamp issuance amount for a one person household per each boarder.
2. **SALES** - The cost of operation of a vehicle (current state reimbursement rate), and the cost of supplies (as paid).
3. **JOB RELATED COSTS** - For the person furnishing his/her own tools, equipment, transportation, etc. The cost, as paid, is an allowable deduction.
4. **FARM INCOME** - The cost (as paid) of feed, seed, fertilizers, tools, equipment repair and replacement, labor, cost of operation for farm machinery, shipping costs, custom work, and land rental or ownership costs.
5. **BUSINESS INCOME** - The cost (as paid) of tools, equipment repair and replacement, labor, cost of operation of equipment, purchase of materials, supplies, or stock of goods, rental or ownership costs and utilities on separate business establishment, and subcontracting cost.
6. **INCOME PRODUCING PROPERTY** - Cost (as paid) of ownership (mortgage or contract payment, taxes, insurance, repairs), utilities, labor, and supplies.

1210.025.05.35 MILITARY INCOME

The amount of military income sent to the family unit from a family member stationed away from the residence of the family unit is counted as gross income to the family.

The military family member stationed away from the residence, is not counted in determining household size.

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 3.5.1

DECEMBER 2009 CHILD CARE FAMILY ELIGIBILITY INCOME GUIDELINES AND SLIDING FEE CHART

| | | | | | | | | | | SLIDING FEE CHART | | |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------------------|--------|--------|
| | | | | | | | | | | DAILY COST PER CHILD IN CARE | | |
| NUMBER OF PERSONS PER CHILD CARE FAMILY | | | | | | | | | | FULL | HALF | PART |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | DAY | DAY | DAY |
| 0-417 | 0-545 | 0-674 | 0-802 | 0-930 | 0-1058 | 0-1082 | 0-1106 | 0-1130 | 0-1154 | \$1.00 Per Year* | | |
| 418-500 | 546-654 | 675-808 | 803-962 | 931-1116 | 1059-1270 | 1083-1299 | 1107-1328 | 1131-1356 | 1155-1385 | \$0.50 | \$0.35 | \$0.25 |
| 501-583 | 655-763 | 809-943 | 963-1122 | 1117-1302 | 1271-1482 | 1300-1515 | 1329-1549 | 1357-1582 | 1386-1616 | \$0.75 | \$0.50 | \$0.35 |
| 584-667 | 764-872 | 944-1078 | 1123-1283 | 1303-1488 | 1483-1693 | 1516-1732 | 1550-1770 | 1583-1808 | 1617-1847 | \$1.00 | \$0.65 | \$0.45 |
| 668-750 | 873-981 | 1079-1212 | 1284-1443 | 1489-1674 | 1694-1905 | 1733-1948 | 1771-1991 | 1809-2034 | 1848-2078 | \$2.00 | \$1.30 | \$0.90 |
| 751-834 | 982-1090 | 1213-1347 | 1444-1604 | 1675-1860 | 1906-2117 | 1949-2165 | 1992-2213 | 2035-2261 | 2079-2309 | \$3.00 | \$1.95 | \$1.35 |
| 835-917 | 1091-1199 | 1348-1482 | 1605-1764 | 1861-2046 | 2118-2328 | 2166-2381 | 2214-2434 | 2262-2487 | 2310-2539 | \$4.00 | \$2.60 | \$1.80 |
| 918-1212 | 1200-1584 | 1483-1960 | 1765-2333 | 2047-2704 | 2329-3077 | 2382-3146 | 2435-3218 | 2488-3287 | 2540-3356 | \$5.00 | \$3.25 | \$2.25 |

| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | FULL | HALF | PART |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------|--------|--------|
| | | | | | | | | | | DAY | DAY | DAY |
| 0-1179 | 0-1203 | 0-1227 | 0-1251 | 0-1275 | 0-1299 | 0-1323 | 0-1347 | 0-1371 | 0-1395 | \$1.00 Per Year* | | |
| 1180-1414 | 1204-1443 | 1228-1472 | 1252-1501 | 1276-1529 | 1300-1559 | 1324-1587 | 1348-1616 | 1372-1645 | 1396-1674 | \$0.50 | \$0.35 | \$0.25 |
| 1415-1650 | 1444-1684 | 1473-1717 | 1502-1751 | 1530-1784 | 1560-1818 | 1588-1852 | 1617-1885 | 1646-1919 | 1675-1953 | \$0.75 | \$0.50 | \$0.35 |
| 1651-1886 | 1685-1924 | 1718-1962 | 1752-2001 | 1785-2039 | 1819-2078 | 1853-2116 | 1886-2155 | 1920-2193 | 1954-2232 | \$1.00 | \$0.65 | \$0.45 |
| 1887-2121 | 1925-2165 | 1963-2208 | 2002-2251 | 2040-2294 | 2079-2338 | 2117-2381 | 2156-2424 | 2194-2467 | 2233-2511 | \$2.00 | \$1.30 | \$0.90 |
| 2122-2357 | 2166-2405 | 2209-2453 | 2252-2501 | 2295-2549 | 2339-2598 | 2382-2646 | 2425-2694 | 2468-2742 | 2512-2790 | \$3.00 | \$1.95 | \$1.35 |
| 2358-2593 | 2406-2646 | 2454-2698 | 2502-2751 | 2550-2804 | 2599-2857 | 2647-2910 | 2695-2963 | 2743-3016 | 2791-3068 | \$4.00 | \$2.60 | \$1.80 |
| 2594-3426 | 2647-3497 | 2699-3567 | 2752-3637 | 2805-3707 | 2858-3777 | 2911-3847 | 2964-3915 | 3017-3987 | 3069-4056 | \$5.00 | \$3.25 | \$2.25 |

*FAMILIES AT THE LOWEST INCOME LEVEL SHALL PAY \$1.00 PER YEAR WITH CONSTITUTES THE PERIODIC PAYMENT FOR THE ELIGIBILITY PERIOD

FAMILIES WITH INCOMES HIGHER THAN THIS SCALE ARE INELIGIBLE FOR CHILD CARE ASSISTANCE

PART TIME CARE IS ONE HALF HOUR UP TO THREE HOURS OF CARE

HALF TIME CARE IS THREE HOURS UP TO FIVE HOURS OF CARE

FULL TIME CARE IS FIVE HOURS UP TO TEN HOURS OF CARE

IM-4 CC
ATTACHMENT

REVISED November
2009

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 3.5.1 continued

Information on transitional child care may be accessed at
<http://www.dss.mo.gov/cd/childcare/transcc.htm>.

| Transitional Child Care 2009 Income Eligibility | | | | | | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Number of Persons per Child Care Family | | | | | | | | | | |
| Person | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Income | 1,213- 1,327 | 1,585- 1,734 | 1,961- 2,145 | 2,334- 2,553 | 2,705- 2,960 | 3,078- 3,368 | 3,147- 3,443 | 3,219- 3,552 | 3,288- 3,598 | 3,357- 3,673 |
| Person | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Income | 3,427- 3,749 | 3,498- 3,828 | 3,568- 3,904 | 3,638- 3,980 | 3,708- 4,048 | 3,778- 4,134 | 3,848- 4,210 | 3,916- 4,285 | 3,988- 4,364 | 4,057- 4,439 |

| SLIDING FEE SCALE DAILY COST PER CHILD | | |
|--|----------|----------|
| FULL DAY | HALF DAY | PART DAY |
| \$ 5.00 | \$ 3.25 | \$ 2.25 |

PART TIME CARE IS ONE HALF HOUR UP TO THREE HOURS OF CARE
HALF TIME CARE IS THREE HOURS OF CARE UP TO FIVE HOURS OF CARE
FULL TIME CARE IS FIVE HOURS OF CARE UP TO TEN HOURS OF CARE.

Effective December 1,
2009.

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

Attachment 4.1.1



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

Supercase
Number: _____

DCN: _____

CHILD CARE APPLICATION/ELIGIBILITY STATEMENT

The following information is necessary to determine your eligibility for Child Care assistance. You must answer each question accurately and completely.

You may be required to provide proof of your statements. Please complete this form in ink. If you need help with this form, please contact your local FSD

office at:

Phone: _____ Worker: _____

APPLICANT NAME: _____

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

COMPLETE MAILING ADDRESS INCLUDING ZIPCODE: _____

DO ALL HOUSEHOLD MEMBERS INTEND TO REMAIN IN MISSOURI? _____

HOUSEHOLD MEMBERS (LIST YOUR NAME FIRST)

| NAME | DATE OF BIRTH | RACE/GENDE R | MARITA L STATUS | SOCIAL SECURITY NUMBER | RELATIONSHIP | INDICATE PERSON AND CARE NEEDED | | |
|------|---------------|--------------|-----------------|------------------------|--------------|---------------------------------|-------|---------|
| | | | | | | Y/N | HOURS | DAY/EVE |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

EXPLANATION OF NEED FOR CARE: CHECK ALL THAT APPLY TO YOU. 'MY CHILD(REN) NEED(S) CARE BECAUSE I:

| | PARENT : | PARENT : | NAME OF SCHOOL/ COLLEGE/TRNG YOU ATTEND | GRADE LEVEL |
|---|----------|----------|---|-------------|
| AM WORKING | | | | |
| ATTEND SCHOOL | | | | |
| AM DISABLED | | | | |
| AM IN JOB TRAINING | | | | |
| AM BEING EVALUATED FOR TRAINING AND/OR EMPLOYMENT | | | | |
| HAVE A CHILD WITH A SPECIAL NEED* | | | | |

* My child receives SSI, is under court ordered supervision, in foster care, receives services through Department of Mental Health, or is functionally challenged according to medical evidence).

INCOME: LIST AMOUNT OF INCOME AND SOURCE OF INCOME FOR ALL HOUSEHOLD MEMBERS. LIST PERSON AND AMOUNT RECEIVED FROM CHILD SUPPORT, SSA, SSI, FOOD STAMPS, TEMPORARY ASSISTANCE, HOUSING ASSISTANCE, STATE/FEDERAL ASSISTANCE OR ANY OTHER SOURCE OF INCOME.

| NAME OF PERSON WITH INCOME | AMOUNT OF INCOME | HOW OFTEN RECEIVED | SOURCE OF INCOME |
|----------------------------|------------------|--------------------|------------------|
| | | | |
| | | | |
| | | | |

PLAN FOR CCDF SERVICES IN: **[Missouri]**
FOR THE PERIOD 10/1/09 – 9/30/11

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

DEDUCTIONS: IF YOU PAY FOR HEALTH/DENTAL/HOSPITAL INSURANCE, HOW MUCH IS YOUR PREMIUM? HOW OFTEN DO YOU PAY THIS AMOUNT?

IF YOU EXPECT ANY CHANGES IN HOUSEHOLD MEMBERS, INCOME OR HEALTH INSURANCE COSTS, PLEASE EXPLAIN:

| CHILD CARE PROVIDER | ADDRESS | COUNTY | TELEPHONE | RELATIONSHIP TO CHILD | PROVIDER STATUS | |
|---------------------|---------|--------|-----------|-----------------------|-----------------|-----|
| | | | | | LIC/CON/REG | DVN |
| | | | | | | |
| | | | | | | |
| | | | | | | |

CERTIFICATION SECTION:

- I agree to provide additional information or verification as requested to determine my family's eligibility for Child Care assistance within fifteen days of this application.
- I agree to report changes in income, employment, household members, health insurance premiums, and need for child care. I understand that my child's caregiver must comply with all state and federal laws and requirements in order for Child Care assistance benefits to be paid by FSD.
- I understand that my statements are subject to investigation and verification. I understand that Missouri laws provide for fine and/or imprisonment for persons who receive or attempt to receive public assistance by knowingly giving false statements, or failing to report information required to determine eligibility for public assistance.
- My signature certifies, under penalty of perjury, that all information given is true and complete.

| | | |
|--|--|--|
| | | |
|--|--|--|

Attachment 5.2.1

Missouri's Pre-K standards can be viewed at

http://www.dese.mo.gov/divimprove/fedprog/earlychild/PreK_Standards/Index.html

Attachment 5.2.3(1)

A copy of Missouri's Core Competencies for Early Care and Education Professionals may be found at <https://www.openinitiative.org/content/pdfs/CoreCompetencies/EC-CoreCompetencies.pdf>.

Attachment 5.2.3(2)

A copy of the "Guide to Conference Planners, Integrating the Core Competencies for Early Care and Education Professionals in Kansas and Missouri and Missouri's Early Childhood Standards" can be found at <https://www.openinitiative.org/content/pdfs/CoreCompetencies/EC-ConferencePlannersGuide.pdf> .

Attachment 5.2.5

A copy of OPEN's Strategic Plan can be found at
<https://www.openinitiative.org/content/pdfs/OPEN/StrategicPlan.pdf>